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ORIGINAL COMMUNICATIONS.

ON THE MECHANISM OF TEXTURAL NUTRITION.

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(Concluded from page 650.)

IX. FROM the preceding observations, we can understand the cause of the different characters of the exuded matter in inflammation and in congestion; the product of congestion being non-fibrinous, while that of inflammation contains much of this substance. Pathologists have ascribed this phenomenon to different *dyscrasies*, which, according to the preponderance of fibrin or albumen in the exudation, they have termed the fibrinous or albuminous dyscrasies. These are only hypothetical, and are incapable of demonstration, either *à priori* or *à posteriori*. The retention of the fibrin in the blood, and its free exudation through the pores of the vessels, depend, as I have already shewn, on the state of distension of the capillary vessels, and upon the various substances which are mixed with the blood. If the blood contain substances which impede the formation of fibrin, as is the case in typhus and other toxæmic diseases, the fibrin must decrease, and the exuded matter cannot contain much of it. The amount of albumen in the exudations also depends on the distension of the vessels, and on the quantity in the blood. In cases where the blood has not been poisoned, the exuded matters will contain a quantity of fibrin, proportionate to the distension of the vessels of the inflamed part. Hence all those causes which assist the distension of the vessels, also promote the exudation of fibrin. In persons with much blood, containing many corpuscles, and with increased action of the heart, an exudation of much fibrin is produced; while in feeble individuals, possessing a small quantity of blood, poor in corpuscles, and in whom the heart acts feebly, and the vessels are not distended, the exudation will contain but little fibrin, although the blood be rich in it. When some poison impedes the formation of fibrin, as in typhus, etc., the exuded matter contains much albumen.

In winter, the body generally contains more blood, and the exudation

is more fibrinous, from the distension of the vessels by the greater quantity of the blood. In summer, the body contains less blood, the vessels are less distended, and the exuded matter is poor in fibrin. In childhood, where a great part of the blood is employed in the evolution of the organs, only a small quantity remains in the vessels, as is proved by our finding it only in the larger veins and in the heart: the matters exuded contain very little fibrin, the vessels being very little distended. Moreover, the blood in the child contains a smaller proportion of fibrin than that of the adult, on account of the greater amount of vegetables in the food.[1] In chlorosis, in spite of the presence of much fibrin in the blood, the exuded matters contain but little of it. The reason of this is the non-distension of the vessels, from the deficiency of blood-corpuscles. In typhus and other toxæmic diseases, the exuded matter contains very little fibrin, the blood being poor in it; but it contains much albumen. But the condition of the vessels has also a great influence on their power of distension, and hence on the quality of the exuded fluid.

X. From the preceding observations, the following practical rules may be deduced:

A. In all diseases, where there is an indication to increase the penetration of the blood through the pores of the vessels into the parenchyma of the organs, we must use means to augment the quantity of the blood and of its corpuscles, the activity of the heart and large vessels, and the animal heat.

The quantity of the blood is increased: *a*, By taking a large quantity of aliment; either by the stomach, if it be able to digest a sufficient amount; or by nutritive baths and enemata. *b*. By the ingestion of a large quantity of water, either by drinking, or by enemata. Although the water is soon removed by the kidneys, it must in any case first enter into the blood-vessels; for it is unreasonable to imagine the existence of *viæ clandestinæ*, leading directly from the stomach to the kidneys. While, then, the water is in the vessels, these are more distended, and a larger amount of the nutritive part of the blood passes into the tissues. That water remains for some time in the vessels, and is not immediately removed by the kidneys, can be proved from the following experiment. If one animal be bled six hours after drinking, and another only half-an-hour after, the blood of the latter will be found much more watery than that of the former. The retention of the water in the blood, for some time previous to its elimination, is also proved by the circumstance, that a sweat breaks out on the surface of the body, after drinking several glasses of water; and also by the fact, that animals will survive for some time, when supplied with water alone. In the latter case, it can only act by increasing the quantity of the blood.

The number of blood-corpuscles is increased by the use of iron; as is proved by the observations of Andral and Gavarret.

The activity of the heart and of the vessels is increased; *a*. By exercise. This is proved by the well known circumstance, that in violent motion of the body, the activity of the heart is much increased, the

[1] Lehmann. Physiolog. Chemie. 1842. Bd. i, p. 194.

vessels are more distended, and a sweat breaks out on the surface of the body. *b.* By the use of spirits and of various other stimulants.

The temperature of the body is increased by means of warm clothing, by warm baths, by warming the air which surrounds the body, and by friction.

If one of the forces which assist the exudation of the nutritive part of the blood be diminished, its deficiency must be compensated by the increase in intensity of the others. Hence, after losses of blood, we administer spirits with water, apply friction, and employ means for producing warmth: we also give iron, and use baths containing nutritious matters, and advise the patient to take exercise, if he be not too weak. We follow the same plan after long abstinence from food, and in convalescence from diseases of long standing; and the same thing is to be done in chlorosis. The asphyxia produced by cold, arises from the want of nutrition; hence the same remedies are to be employed. In these cases, water, spirits, artificial warmth, iron, and exercise, act as equivalents to food. This may be witnessed in animals, confined to the use of water, which are revived from their apathetic state by artificial warmth; in drunkards, who live on a very small quantity of food; and in chlorotic patients, who gain strength from the use of iron, and from exercise. After loss of blood, spirits are the best remedy, as they seem to cause an increased flow of blood in the vessels of the brain, which is thus kept in a sufficient state of stimulation, in spite of the small quantity of blood in the vessels.

It will be in place here to answer some objections to the use of spirits, from the effects, real or supposed, produced by them in drunkards. In these persons, the blood is thick and dark-coloured. The thickness arises, not from the coagulation of the albumen by the blood,[1] as Budge and others suppose, but from the large quantity of fat contained in the blood. The dark colour has its rise in the impaired power of the heart and lungs, by which the circulation is impeded, and the carbonic acid is not sufficiently removed from the blood. But all this is far from being a legitimate object of dread, in the moderate use of spirits.

Remedies which increase the exudation of the blood are also to be

[1] The assertion of Budge (*Allgemeine Pathologie*), that spirits produce coagulation of the albumen of the blood while in the body, is opposed to experience. They cannot produce this effect in the living body, provided their quantity be kept within certain limits. If they generally had this effect, they would be most active and dangerous poisons; yet we find persons who habitually use them, living to a great age. Orfila, having injected alcohol into the veins of animals, found the blood coagulated in the immediate vicinity of the injection, while that in distant parts of the body remained fluid, although as much in contact with the spirit as if the latter had been drunk. We can never assert that substances always produce the same effects in, as out of the body. There are certain circumstances in the living organism, with the nature of which we are not yet acquainted, which are capable of impeding and modifying the chemical action of some substances. The aggregate of these modifying circumstances is termed the *vital force*. As an example of this, the blood, when removed from the body, is decomposed by oxygen into carbonic acid, ammonia, hydrosulphuric acid, and water; but in the living body, carbonic acid, urea, uric acid, and water, are the products. The oxygen always acts according to chemical laws; but there are certain circumstances in the body, which compel it to produce urea and uric acid instead of ammonia. If we knew what these are, we should be able to produce urea and uric acid. We can imitate digestion; but we must use pepsin taken from the stomach, because we are not able to make it artificially.

employed in catarrhal inflammation. The process which here takes place is as follows. Distension of the vessels of the mucous membrane being produced by any cause, the blood stagnates in the vessels: but as it is pressed on by the blood, which is still flowing, it is obliged to pass through the pores of the vessels, as far as the cells of the epithelium, by which it is prevented from passing out. After some time, the epithelium becomes relaxed, and the thinner part of the blood is enabled to exude through its cells, in the form of a thin mucus. Subsequently, the epithelium, being quite spoiled, is thrown off, and the thicker part of the exuded blood escapes. When the part is thus freed from the exudation, the pressure is removed, and a new epithelium is formed; after which the part is restored to the healthy exercise of its functions. The sooner, therefore, the epithelium can be removed, the sooner recovery takes place; and this occurs in proportion to the rapidity with which the blood in the congested vessels can be caused to exude. In this first stage, spirits, or other stimulants, warmth, cold water, or vigorous exercise, are the best remedies. But when the thickened mucus has begun to appear, shewing the removal of the epithelium, remedies of another character are indicated.

B. In all cases, where exudation is to be retarded, remedies of an opposite character to those before mentioned must be used. We have to diminish the quantity of blood and of blood-corpuscles, the activity of the heart and large vessels, and the temperature of the body.

The quantity of blood and of blood-corpuscles is diminished by bleeding; and we have no means which act so rapidly in decreasing the proportionate quantity of the latter. The blood may also be diminished in quantity by increasing the secretions. All remedies which act as stimulants to the activity of the secreting organs, diminish the quantity of the blood. These include laxatives, diuretics, diaphoretics, emetics, and sialagogues. All these remedies diminish the blood, but do not produce a decrease in the corpuscles. From the effect of diuretics and diaphoretics, the blood loses only water and saline matters; by emetics, purgatives, and sialagogues, it also loses a portion of albumen.

The activity of the heart is diminished by some narcotics, as digitalis, etc., and by acids. Cold has the effect of increasing the contraction of the vessels, and of diminishing the activity of the heart. Tranquillity is also necessary to be observed.

Bleeding, which diminishes the blood and its corpuscles, is to be employed in all inflammations, when the exuded matter cannot be thrown out, but not in individuals, who are exhausted and very much weakened. By this operation, we not only diminish the exudation, but we render it more watery, and capable of dissolving the old exudation, so that it may be absorbed. The vessels are not so much distended, and thus less albumen and fibrin, and more water and salts, penetrate into the parenchyma. But in exhausted and weakened persons, where there is only a small quantity of blood, and the fibres of the tissues are relaxed and soft, bleeding may be followed by dropsy, from the exudation of water and saline matters through the lax fibres. Dropsical symptoms appear generally after the subsidence of fever: because, while the fever is active, the energy of the heart causes the vessels to be kept distended, so that the exuded matter is albuminous, and

is too thick to pass between the fibres of the tissues. But when the fever is past, the activity of the heart subsides; and, the quantity of the blood being small, the vessels are very little distended, so that only water and saline matters exude, and, by gravitation, tend to the lower parts of the body.

The remedies which increase the secretions and excretions act altogether in another way: particularly diuretics and diaphoretics, by the action of which the blood loses water and saline matter. The blood becomes thickened, like cholera-blood. In such circumstances, scarcely any water passes through the pores of the vessels into the parenchyma of the organs. The effect, therefore, is quite opposite to that produced by bleeding.

It is easy to understand how, though bleeding and evacuant remedies both diminish the quantity of the blood, they cannot be always used in the same circumstances. In inflammations with fever, in robust and athletic individuals, where the exudation contains much fibrin and albumen, and is deficient in water, so that it requires a new watery exudation to dissolve and absorb it, bleeding, which promotes such an exudation of water, will be most useful. But evacuants, which impede the exudation of watery matter, protract the disease. But in inflammation without fever, or in exhausted and bloodless individuals, where the exudation is not thick, and wants no other exudation to render it soluble, bleeding is either superfluous or dangerous, while the evacuants mentioned above are useful. The same is the case in inflammations of those parts, where the exudation is in general only watery. In the same way, evacuants are remedies against dropsical diseases, by diminishing the exudation of water. The water which has been already exuded will be absorbed, if the lymphatic vessels are in a state of health. The lymphatic vessels, after having absorbed the exuded serum, bring it back to the blood; and so the blood becomes thin in spite of its losing much water by the use of evacuants. But if the lymphatic vessels of the part, where the inflammation is, are unable to absorb the exuded liquid, and to return it back to the blood, this must become, by the continuous use of evacuants, very thick, so that very little can pass through the vessels. The individual must become weak, and the lymphatic vessels of the whole body, having no blood to absorb, must absorb the fat of the organs; and this is the reason that, under the use of evacuants in dropsy, if the dropsical tumour do not decrease, the fat in the whole body gradually disappears. Evacuants act most beneficially in all chronic inflammations. In these diseases, the vessels are generally unable to contract: but the blood is not entirely stagnant. By the use of evacuants, the quantity of blood is diminished, and the vessels are less distended, so that they have an opportunity of being restored to their functions. Evacuants are to be given in cases of hypertrophy, especially in that of the heart. Bleeding is sometimes beneficial: but it is liable to induce dropsy, which does not follow the use of evacuants.

I do not desire to be a panegyrist of purgatives, as I consider that they are not only used sufficiently, but even too often, and without sufficient reason. But I think that diuretics, and probably diaphoretics, should be more used than they are at present. The perspiration consists of

water and carbonic acid, and amounts to thirty-four ounces in twenty-four hours; being the same quantity of water as is removed by the kidneys.

If the normal perspiration, which disappears without being noticed, amounts to thirty-four ounces, it is obvious, that the increasing perspiration, which appears in the form of sweat, must be in great quantity. We are therefore able to diminish the quantity of blood in a very considerable degree by diaphoretics. This is the reason why we feel very weak after sweating any time, for the quantity of blood is very much diminished, and the same effect is produced as after a large loss of blood by bleeding.

I think the cold water-cure acts merely as a diaphoretic. The vessels of the cutis being first contracted by the cold, become, by being excited, very weak, as is the case after every application of a strong stimulus. They become lax and distended, and a great sweat follows; during this, the cold bath is repeated, and the vessels, which are yet not quite restored, are again excited. The relaxation of the vessels must now occur to a greater degree than before; and the sweat does not cease for several hours. Besides this, we must remember the exercise which the patients take in climbing hills, etc. The vessels of the cutis are relaxed to such a degree, that even a stasis of the blood takes place in some parts of the cutis, and spontaneous blisters are produced. Warm bath produces relaxation of the vessels of the cutis, but not in such a marked degree as cold applied in the way just mentioned. Sweating baths act in the same way. By these different kinds of baths, we are enabled to rapidly diminish the quantity of blood without danger of dropsy. They have doubtless other effects; but the diminution of the quantity of blood is the first.

CASE OF SCARLATINA MALIGNA: ABSCESS IN NECK, EXTENDING OVER RIGHT PECTORAL MUSCLE: DEATH FROM HÆMORRHAGE FROM ULCERATION OF INTERNAL JUGULAR AND BRANCH OF SUBCLAVIAN VEINS.

By R. J. HALE, M.D., Extra-Licentiate of the Royal College of Physicians; Physician to the Islington Dispensary.

Case. On the 5th of February, I was called to attend J. V., æt. 8, the son of a gentleman. He had been indisposed for two days, complaining of slight sore throat and pyrexia. On examining the throat, I found it congested, and almost black; the tonsils and uvula were much swollen, and covered with a tenacious secretion; the skin was dry and hot; the pulse 130; the tongue greatly furred, white and creamy, with enlarged papillæ. He had not slept for two nights, and his breathing was laborious. An emetic of tartarized antimony with ipecacuanha was given; this produced slight vomiting, which was followed by profuse purging. Calomel with ipecacuanha, followed by a saline draught, were administered during the rest of the day; leeches were applied to the throat. 8 *p.m* The throat was relieved, and he could breathe more freely.

February 6th. There had been great restlessness during the night. There was ulceration of the uvula and tonsils as large as a fourpenny-piece, with great fœtor; the tongue was drier; the skin harsh and hot. The sloughs were partially removed by a sponge dipped in a solution of nitrate of silver. He was ordered to have a hot bath at night, with a saline mixture containing chlorate of potass; also a gargle of hydrochloric acid and chloride of soda. An embrocation of poppy-heads and sal-ammoniac was ordered to be applied, by means of a hot flannel, to the glands of the neck, which were hard and painful.

7th. The patient passed a sleepless night; the uvula had sloughed, and portions of the tonsils were removed on applying the sponge; the urine was found to be albuminous for the first time; the pulse was rapid and weak; the tongue dry; the strength was much reduced. Quinine was prescribed, and he was ordered to have beef-tea, and milk with isinglass, and wine occasionally.

8th. The tonsils were entirely removed, with portions of the arches of the palate, leaving a ragged edge. The patient had some refreshing sleep. He complained of no pain in the throat, but there was slight uneasiness on pressure, in the right sub-clavicular region. On examination, slight fluctuation was perceived. An exploring needle was passed, and, subsequently, a small opening with a lancet was made. About a pint of healthy pus was evacuated, which continued to flow in greater or less quantity until the 13th of the month.

13th. On this day, a large slough came away, and the discharge then ceased. The throat had not, since the last report, caused any uneasiness; the redness had entirely disappeared, and no pain had been complained of; the urine had greatly increased in quantity, but was still slightly albuminous.

14th. The countenance was much improved, and the patient felt a desire for food. The wine was ordered to be discontinued.

15th. The patient's health was progressing rapidly; the skin was moist, the urine abundant, without albumen, and presenting a large deposit of lithates. He was ordered to have a mutton chop.

18th. (9 *a.m.*) He was progressing, and his strength was much increased. (10 *p.m.*) I was summoned hastily to the little patient. A fit of coughing had caused the cicatrix of the abscess to give way, and about twelve ounces of blood gushed through the wound. The hæmorrhage was restrained by pressure, and by a compress of lint, held down by strapping, and a bandage was left on the part.

19th. The countenance was rather blanched; he had slept well; there had been a slight oozing of blood during the night. A mixture of gallic acid was prescribed, and he was ordered to have port wine, etc.

24th. (9 *a.m.*) There had been occasional oozing of blood since the last report, together with a small amount of pus, the whole averaging from two to three ounces in the twenty-four hours. The pressure had been kept up with the compress and strapping as before. Notwithstanding this drain on the system, the child was progressing; he slept well, and was gaining strength. The chief difficulty was to restrain him from exertion. (9 *p.m.*) There had been a little more blood than usual, and no pus. In consequence of the difficulty of keeping the strapping adherent, I plugged the wound with a long thin strip of lint,

without any loss of blood. I had not left the bed-side above a few seconds, when the child, in a paroxysm of rage, pulled the lint out of the wound, thus tearing it open; above a pint and a half of blood gushed out in a stream. With the aid of some ice, which was on the table, and by pressure, the hæmorrhage was soon restrained. A small plug of lint was afterwards introduced, and compresses were applied as before.

25*th*. He was much reduced by the hæmorrhage; the pulse was small, quick, and thready; the countenance blanched; and there was a constant oozing of blood. My friend Mr. Anderson now saw him with me, to consult as to the propriety of any surgical interference. On removing some of the plaster, we could see the sac gradually fill with blood. From the state of the little patient, the uncertainty as to what vessel was ruptured or ulcerated, and other difficulties which surrounded the case, we determined on continuing the pressure as before. He complained of slight pain in his right knee.

26*th*. Mr. Anderson again saw the case, but decided that no surgical interference would be safe. On my visit in the evening, the patient complained of cough, and urgent dyspnœa, amounting to orthopnœa. On percussing the right side of the chest, I found dullness in the lower part, with absence of the respiratory murmur; the upper portion was clear. From the pain, and difficulty of moving him, a further examination was not made. He was now placed on a water-bed, his hips and sacrum being a little sore. He complained of pain in his right knee, which was much swollen. The urine was scanty, albuminous, and dark coloured. About ʒiv had been passed during the last twenty-four hours. A catheter was introduced, but the bladder was found empty. It was with much difficulty that he could be persuaded to take anything excepting water, and that in very small quantities. He was very irritable, and the slightest exertion caused an increase of the hæmorrhage.

27*th*. There had been slight hæmorrhage since my last visit; the voice was weak; the pulse 140; there was slight subsultus; the dullness on the right side of the chest was found to be increased to about an inch above the mamma. That side was immoveable during inspiration, except at the apex. The intercostal spaces were bulging; the urine was scanty.

28*th*. He had slight cough when he changed his position; the breathing was easy; he had slept better, and his countenance had improved. The urine was much more copious, high coloured, but contained no albumen; the right knee was swollen and painful, the left slightly so.

March 1*st*. He passed a restless night. In consequence of picking the edge of the plaster, it became detached from the skin; a gush of blood, which saturated the bed, followed, and the little sufferer expired shortly afterwards.

Sectio Cadaveris, Twenty-eight Hours after Death. *External Appearance*. The body was much emaciated; the right side being much more prominent than the left. Immediately above the opening of the abscess, were two other openings, formed by sloughing of the integument, and a third one above the clavicle. On carefully dissecting the integument from the pectoral muscle, the abscess was seen to extend

over that muscle into the axilla, thence upwards over the clavicle into the neck, as far as the mastoid portion of the temporal bone, passing along to the angle of the jaw. The pectoral muscle was much softened, and, in parts, reduced to a pulpy mass. A clot filled up the axillary space, and there was another clot above the clavicle. On removing the latter, there was seen the ulcerated opening of a branch leading into the subclavian vein; its mouth was partly closed by a clot. On making pressure on the sheath of the deep vessels of the neck, a jet of blood issued. This was found to proceed from an ulcerated opening in the internal jugular vein, with thickened and everted edges; it was somewhat square in shape, and rather more than half an inch in length. In the opening was a clot of fibrine, almost entirely filling it up, and extending upwards and downwards about four inches.

Thorax. The right pleural cavity contained upwards of a quart of sero-purulent matter. The lung was pressed against the back part of the chest; it was solid, impermeable to air, and not more than three-fourths of an inch in thickness: in cutting into it, it resembled flesh. The left side was healthy. The *Pericardium* contained an ounce of sero-purulent fluid. At the base of the heart was shreds of lymph, binding it loosely to the pericardium, as well as other portions floating in the fluid. The heart was otherwise healthy; the right ventricle contained a clot of fibrin. The *Kidneys* were considerably congested, and somewhat soft. The *Right Knee* contained rather less than an ounce of pus. On dissecting into the muscles of the thigh, pus was found in the cellular tissue between them, and also among the muscular fasciculi. On examining the vessels, no trace of phlebitis could be seen.

Remarks. In relating the preceding interesting case, my object has been not only to direct attention to the rapid destruction of parts, which takes place during some forms of scarlatina, and the insidious mode in which ulceration proceeds under the apparent well-doing of the patient; but to shew that the renal affection is frequently among the primary phenomena of the disorder.[1] In this case, as in ordinary "Scarlatina maligna", the eruption was entirely absent; there was albumen in the urine on the third (?) day; the throat and the kidneys were affected at one and the same time; and we may reasonably infer from these facts, that the presence of excrementitious matter in the blood gave intensity to the general symptoms.

In looking over the case, the first thing that strikes us is, the rapid destruction of parts; for we find that from the first evening to the third morning of my attendance on the patient, a period only of fifty-six hours, ulceration had commenced, and had proceeded so far as to remove the uvula, tonsils, and the soft and portions of the hard palate: during this time also, pus had been forming, and making its way between the muscles of the neck, until an abscess was found, on the fourth day of my attendance, pointing in the sub-clavicular region. On the ninth day of attendance, the slough came away, and the little patient rapidly improved until the evening of the fourteenth day, when the first hæmorrhage took

[1] See papers entitled, "The Kidney in its relation to Scarlatina", by James Miller, M.D. *Lancet*, August 1849. Also republished in a separate form; and reviewed in this Journal for March, 1850, p. 276.

place. As to the cause of the last-named occurrence, it would appear, either that the ulceration must have been progressing during the whole time, or, that the cellular texture about the vessels of the neck had been removed by the destructive action of the disease, and that the vessels themselves only required some slight increase of distending force from within, as for instance, during a violent fit of coughing, to rupture them. The serous inflammations are clearly secondary to the scarlatinal nephritis. Dr. Golding Bird mentions, that "the train of effects following scarlatina, are almost all referrible to the retention of the nitrogenized elements of urine in the blood"; and adds, that "the recognisable sequelæ of scarlatina, referrible to this category, are characterized by the tendency to the setting up of serous inflammation, especially of the pericardium, pleura, and arachnoid". These remarks are borne out in this case; for we found, on the 26th, that serous inflammation had taken place, with effusion of pus into the cavity of the pleura, as shewn by dullness of percussion, and absence of respiratory murmur about the lower part of the right side of the chest. I may here remark, that the dyspnœa was most urgent, when only a small part of the lung was rendered unfit for its office, during the first few hours of the effusion: but that the dyspnœa passed off, or nearly so, when the whole lung was destroyed. This was an instance, of not very unusual occurrence, shewing that the system does, under certain states, accommodate itself to the impeded state of respiration or of other functions.

The presence of pus in the knee-joint is remarkable. An examination of the veins in the neighbourhood, did not reveal any inflammatory appearance. May not the pus have found its way through the ulcerated opening of the internal jugular, and have deposited itself in the knee-joint, without any phlebitis? Or may it not have been a secondary inflammation, analogous to the serous inflammation within the cavity of the chest?

There is a case narrated in the *Edinburgh Monthly Journal* for March 1843, by Dr. Alexander King of Glasgow, which he attended along with Mr. John Brown of that city, in November 1842. The description of the case is illustrated by a drawing of the parts, as seen on dissection. Dr. King's case resembled mine in some respects, and occurred after scarlet fever. The patient was progressing favourably, after a small abscess had been opened in the neck. Hæmorrhage took place, without any evident cause. Pressure on the carotids did not alter the state of the tumour; but it could not be effectually applied, as cough was induced from the situation of the tumour. The post-mortem examination shewed, on cutting through the substance of the parotid gland, that nearly an inch of the external wall of the internal jugular vein, commencing two lines below the base of the skull, and extending downwards, had been completely removed, as if by a sharp scalpel.

3, Finchley Road, St. John's Wood, June 15, 1850.

ON MEDICAL OBSERVATION.

By R. G. MAYNE, M.D., Surgeon to the Lock Hospital, Leeds.

The familiar word used as the heading for the following remarks, has a fuller and more complete substantive meaning, than is assigned to it in ordinary acceptation; for it signifies not merely a looking-at, or noting—a note, or remark, but a watching diligently and curiously with the eyes of the mind and body *(oculis mentis et corporis servo)*, a marking and weighing. In this latter and more comprehensive sense, it is here employed. It will not, surely, be held presumptuous to assert, that the distinction pointed out is not always regarded.

Our profession's true objects, and the successful administration of remedies, are so dependent upon the due exercise of observation, that little, it may be supposed, need be said to establish its importance in the medical man's career; and yet, though such supposition be ever so generally entertained, very slight consideration will shew how frequently the belief it implies, is *not* acted on. From earliest medical instruction, we are taught not only to listen attentively to the patient's own, or his friends' uncertain and often erroneous history of his ailments, but to weigh and consider for ourselves each connecting circumstance, to scrutinize the condition of each organ, sense, and faculty, the heart, lungs, liver, kidneys, intestines, the tongue, the eyes, the skin, the voice, speech, perception, judgment, intelligence, etc., and from a close and busy, though silent observation of these, their functions, secretions, powers, and operations, to arrive at well-drawn conclusions whereby to pursue and regulate the treatment we adopt. Peaceful may that man's breast be, who can always reflect on having diligently thus performed his duty to his fellow-man, although in vain.

Many causes interfere with, or are allowed to hinder the exercise of, observation. The medical student, by his position as such, is, in too many instances, careless of the instructions given in the class-rooms, trusting to get all up in time for his *examination;* and if he thinks, beyond the hour of their being addressed to him, of those more particularly alluded to, he does so, as of something connected with the future, when he shall be in practice for himself, but with which at present, when bothered with so many things, and *only* attending dispensary patients, he need not trouble himself. In this way, habit, which so rules us all, is imbibed in one of its objectionable forms—that of slurring over an essential duty, of avoiding the trouble of thought and reflection, by selecting for treatment some prominent sign or symptom, instead of the diseased condition it indicates, and without any reference to its anatomical relations, its physiological dependence, or pathological tendencies—of jumping to a conclusion from hastily snatched impressions. Temperament and mental incapacity may go far to produce the same result; and, in either case, the young practitioner will enter upon his duties an empirical symptomatist, a mere routinist, prepared to do as he has seen done in similar cases, but without the wit to discriminate, or to know when or where the supposed similarity fails. Such he may

continue to be through a long life, unless the conviction of his culpable neglect and its disastrous consequences stir up within him a better resolution, and there dawn upon his mind the light of an imperative necessity for inquiry, oral, visual, and mental, and for earnest, deliberate reflection upon all that he has heard, seen, and thought,—for these are the true constituents of observation.

The too prevalent existence of this habit of neglect cannot be denied, while the proneness to its indulgence, even in the most observant, can be detected on a little self-examination. The practitioner may have employed, as it seemed, his best powers of discernment in forming his diagnosis, and in accordance therewith, may have treated disease assiduously on the legitimate principles of his art, through a protracted term, yet without any marked improvement in the condition of the patient. Disappointed, wearied, and annoyed, he at length concludes the case to be anomalous; and either by his own desire, or that of the sick man, or his friends, another is called in consultation, who after examining for himself, and ascertaining the few particulars of treatment, perhaps by a single suggestion, unravels the mystery. The former, internally blaming himself for having suffered so plain a point to escape his notice, becomes conscious of having allowed himself to be misled in giving too great weight to some mere symptom; resolves to watch more closely, and to keep this instance in view on the occurrence of any other resembling it; forgetting that this resolution strongly tends to the maintenance of the very habit it professes a determination to overcome. But the circumstances might have turned out differently; the practitioner called in consultation might himself have been empirical, and have satisfactorily vouched for his respected brother's talents and acuteness; the patient might have lingered and died in the happy confidence of an anomaly, and even if matters were at last made very plain by a *post-mortem* examination, all might have been arranged and conveniently explained.

Such an instance, it may be remarked, shews the benefit which may be obtained from a consultation, in cases of doubt and tedious progress. Not that there lies that infallible resource for the dying, which seems to dwell in the popular imagination, in a formal presence at the bedside, of the "M.D." or "doctor of advice", as he is fancifully termed by the vulgar, apart from all notions of status, acquirements, habits, and experience. But when the mind, embued, perhaps in the outset, with special views not easily to be relinquished or changed, becomes jaded with long watching and ineffectual effort, grows uneasy, doubting, and self-accusing, how gladly it seeks and finds relief in the fresher judgment of some clear, calm, well-trained, and observant intellect, no matter whether of one styled "physician", "surgeon", "general practitioner", or simple "apothecary". There is no special virtue in walls of stone or of brick, nor superiority in the distinctive parchments vended within them, provided only they be honestly dealt out. The man, his mind and intellect, are what the sick have to do with; not his license, neither its source, nor its cost.

But whatsoever the causes which produce neglect of the exercise of observation, we may feel assured, that according to our consciousness of

its importance, (and what man capable of thinking can be ignorant of this?), so is our responsibility for its neglect. Simply to read the expression of such a sentiment, carries little force, attracts small regard; for the very dereliction, a censure of which is implied in its terms, precludes its being properly received, or provokes its rejection altogether. Still will the truth remain, however, in the integrity of its momentous import. No mere question of professional etiquette is concerned; no single act of petty rivalry; no silly point of precedence, as to grade or status; no foolish pride, arrogant assumption, nor burning jealousy; nothing less considerable than the preserving of a life, or of health, entrusted for a time to our care. How greatly may the issue affect the interests of many for the present; how very greatly those of at least one for the future.

It will be conceded, that most of us are inclined to practise empirically, in greater or less degree; that is, that when we happily succeed in a marked manner by a particular mode of treatment in one case, we are apt, perhaps from a natural addiction to think well of ourselves and our proceedings, to prescribe, or adopt the same course, during the ascendancy in our estimation of that kind of treatment, in all other cases which can be construed into an analogy. Nor can it have failed to strike any one as wonderful, that there always occur a number of cases about the same time, so very like each other, that we seem to have nothing to do but apply the same remedy. It may indeed be said in explanation, that many affections are dependent on atmospherical and other general influences, and that, therefore, it is exceedingly probable that several similar instances of disease may occur about the same time, nor need it surprise that, in these, the same remedies should be indicated and prove suitable. The reasoning is just, but is applicable only to a certain extent; for allusion is made not only to epidemic diseases, but to those that are sporadic in every variety, and even comprehends hidden surgical disorders, cancers, strictures, tumours, ulcerations, etc. We thus perhaps avoid a little trouble, and, not unlikely, flatter ourselves with the pleasant conceit that we have hit upon something valuable, in the way of discovery in the symptoms, or in the treatment of a certain class of maladies—a conceit which we reluctantly abjure, only when some palpable example of non-obedience to our fancied specific evinces the danger as well as absurdity of indulging, however slightly, in the whim of a universal medicine. So well-founded is this fact, that it is no unusual thing to remark physicians in extensive practice, who introduce for a period into almost every prescription they write, some favoured item of the *materia medica*, or over-rated pharmaceutical novelty: or to find surgeons setting their professional affections upon the rectum-bougie, or the uterine sound, for which, or the like, they, during a season, meet constant occasion.

Special examples of this aptness to empiricize, to the exclusion of any attempt at observation, and consequently to the neglect of the only right means whereby the sick are to be healed, might now be offered; but these will readily present themselves to recollection in individual experience. There is one, however, appallingly memorable,—like some huge monster, that lately stalked among us in open day, scattering terror

and death, and whose shadow has scarcely yet passed away,—which may be more particularly noticed.

It were idle to detail the so-called remedies recently reputed as curative of cholera. We may better indicate the truth, by asking what remedies were not tried and severally vaunted by their proclaimers as specific, from chloroform and oxygen, back through the range of the *materia medica*, to the Coffinish dose of cayenne and ether, down, down to very quackery, homœopathic and hydropathic, drops, powders, mixtures, and nostrums innumerable? And was there one of the entire catalogue, that deserved the commendations heaped upon it by its patrons, the deceivers, or the duped? Experience solemnly declares, not one! Because cold—an icy-coldness—was present, and diffusible stimuli were known to excite warmth, brandy was "poured" into the stomach; because pains and torturing cramps were suffered, opium was liberally administered; because thirst was urgent, drinks were given in profusion; and because the fluids were largely evacuated, cold water was sent down in gallons to supply their place, but only to be thrown back with a characteristic accession to its quantity. In all this, was there not the very perfection of empiricism? The proportion of deaths in many districts was excessive. Who shall truly say, how many of these were the result of uncontrollable disease, or only the natural consequence of disease uncontrolled, because uncombated, nay, left to run riot among the helpless, defenceless sick, by the non-application of proper remedial means, by their too late application, or by the deceptive administration of mock-cures? These last were everywhere thrust upon the attention of the ignorant by base, life-pandering, quack-druggist compounders, and others, non-medical, but vain and presumptuous, who having *seen* cholera abroad, undertook to cure it, forsooth, at home, with no other qualification for the purpose than the regnant nostrum of a former day.

Even with calomel—the only substance which seemed endowed with some degree of power to check the devastation—the failures were disheartenningly numerous; more so, indeed, than is to be accounted for by the difference of circumstances in various cases, such as lateness in having recourse to the remedy, deteriorated constitution from other diseases, depraved habits, etc. The heavy amount of loss of life in certain districts, as compared with others, suggests serious and painful reflections as to its causes, some of which were, unhappily, palpable enough to the commonest apprehension. But, from the observation of Cholera, whether left to its own course, or combatted by medicines, much was learned of its character and natural history; while by pursuing the same exercise with regard to the various modes of treatment, judicious or injudicious, our knowledge of the disease, though far from being perfected, must have been improved.

In reference to the particular fact which has led to so lengthened a digression, an observation, which was amply verified afterwards, occurred to my mind, and probably may have presented itself to others, although in none of the numerous experiences detailed, or theories propounded, which have come under my notice, has it been alluded to. It was the very marked distinction in the issue, between patients in cholera, who

were of a calm, firm, enduring temperament, or who had courage to bear, with martyr-like patience, the tortures of parching thirst and agonizing cramps, the sensations of a leaden apathy, slowly, surely, stealing "upward and upward", the terrible sense of semi-death—and those of an excitable, restless, and irritable habit, who obstinately disregarded all entreaties to keep perfectly still; who, with the most earnest warnings of certain dissolution as the consequence, reiterated in their ears, would yet heave and toss themselves about, on every racking impulse of pain, to the utmost of their power. This is not the place to give cases in illustration, but they were numerous; the former, in many instances, recovered; the latter, never—though, to all seeming, both had the disease in equal degree of severity, and both were treated alike. So surely did the distinction appear, that the result, favourable or fatal, could with general exactness be prognosticated. Is there not something here for physiological and pathological consideration?

Observation constitutes the most valuable attribute of the medical practitioner; it is at once the calm investigator and the eager promoter of *Science*. It forms the essential means by which experience is rendered profitable; the unfailing source whence come knowledge, wisdom, and professional skill; the element, as it were, which sustains, aye, and sometimes raises to dazzling intensity, the steady flame of the discoverer's lamp; but also, it is his strongest, his paramount duty. How grave the consideration, that, through its neglect, human life may have been lost! And who is there among us that, looking back upon his arduous course, knows no cause of regret, and truly feels that he himself is not chargeable with some instance of neglect of observation? The circulation, vaccination, the diastaltic nervous system, the application of the stethoscope, the special uses of ergot, of quinine, of iodine, and cod-liver oil—each important discovery, or just adaptation of remedial means, has been the product of persistent and untiring observation. Great, then, is the stimulus thus presented to intellectual exertion, in every professional relation in which we may be placed, to acquit ourselves worthily in our difficult and responsible vocation.

Leeds, July, 1850.

ILLUSTRATIONS OF THE DIFFICULTIES WHICH BESET THE DIAGNOSIS OF SOME CASES OF DISEASE.

By THOMAS POYSER, Esq., Fellow of the Royal College of Surgeons of England.

INTRODUCTORY REMARKS.

I HAVE been much gratified by the perusal of a paper in the LONDON JOURNAL OF MEDICINE for May, by DR. SEMPLE, on "Diseases of the Nervous System." The cases which he so candidly and graphically describes, are familiar to all who are in extensive practice, and show but too clearly that, in a great variety of cases, which terminate fatally, the symptoms during life do not develope the true seat and nature of the malady. The great attention that has of late years been paid to general and morbid anatomy, and to pathology, with the mechanical aids that have been had recourse to, for the investigation of diseases, as well as the more patient and inductive method of studying them by those who practise medicine as a science, have no doubt tended materially to render diagnosis and symptomatology more clear and specific; yet there is still a wide field open, in this most important department of medical practice, for future explorers.

To ascertain the true pathological cause of disease is confessedly the most difficult, as it is the most important, part of medical practice. Indeed, as Celsus has well observed, "æstimatio causæ sæpe morbum solvit." Many causes, however, concur in practice, but more especially in the country, to render the patient observation of disease difficult, if not almost impracticable. Extensive practice, while it renders the practitioner familiar with the phenomena of disease and its terminations and best means of cure, leaves rarely much leisure for the niceties of physical and chemical exploration, required in obscure cases. They who have the most extensive field of practice, are apt, in the hurry of business, to depend on tact, a sort of intuitive gift, like the *tactus eruditus* of the surgeon: and hence their examination of cases is apt to become habitually superficial, and a routine mode of prescribing is also, from the same cause, too often allowed to usurp the place of rational treatment.

I do not state this to the disparagement of the general practitioners, than whom a more painstaking, intelligent, or conscientious body of men does not exist, in our own or any other profession. But we cannot expect impossibilities; and the multiplicity and diversity of cases which the well-employed medical man has to visit daily, if spread over a great extent of country, forbid that minute attention and examination which are frequently required.

Another hindrance to the complete investigation of disease, when it terminates unfavourably in the country, is the great repugnance to *post-mortem* examinations. In large towns and public institutions this prejudice is not so strong; but in some rural districts, a request to have a *post-mortem* inquiry almost invariably gives offence to the relatives, and is very rarely permitted. The country practitioner has seldom, therefore, an opportunity of verifying his diagnosis by a *post-mortem* examination; and if he had doubts on his mind as to the cause and seat of the

disease, during the life of his patient, those doubts have little chance of being cleared up by his death.

Occasionally, however, a post-mortem examination is allowed, and then we sometimes find that the true seat of the disease is revealed, which during life was not suspected, nor indicated by the symptoms. These unlooked-for terminations of disease are seldom given to the public; as they imply, (though often unjustly), a want of skill, or perspicacity, in the medical attendant: while periodical works teem with cases terminating favourably, or where the examination after death proves the diagnostic skill of the narrator. In systematic treatises too, and monographs on particular diseases, the general history of the symptoms, treatment, and termination of the ailment, proceeds too smoothly to meet the exigencies and stern realities of actual practice. Untoward and unlooked for terminations of disease are seldom adverted to, or recorded; and yet these furnish the most important and instructive part of the history, as they are beacons or landmarks to future inquirers.

In the short but elegant preface to the transactions of the College of Physicians, written, as is generally supposed, by the late Dr. Heberden, is this paragraph: "It is to be wished, that writers would not confine themselves to relate only their successful practice. A physician of great experience might write a very useful paper, if he would have the courage to give an account of such methods of cure only, as he had found to be ineffectual or hurtful." With the wish to further a suggestion coming from such high authority, I published a few years ago, in the fifth volume of the Transactions of the Provincial Medical and Surgical Association, some cases and dissections "to shew the uncertainty and difficulty of diagnosis; from the symptoms during life not being indicative of, or bearing any proportion to, the extent of morbid lesion discoverable after death". The cases to be offered to the readers of the London Journal of Medicine, may be regarded as a continuation of these reports. Having no system to establish, or theory to support, they will be selected indiscriminately, from notes taken at the time: and although, perhaps, but little may be learned from them in the way of practice, yet I trust that, from the reasons above stated, they will not be found uninteresting or useless. An important object will be answered by their publication, if it induce others, whose opportunities of observation from public hospitals and other sources are much greater than mine, to publish such results of their experience, as may illustrate the difficulties which beset the diagnosis of some cases of disease.

Case I. Obscure Neuralgic Pains: Disease of the Brain, and Enlargement of the Liver. Mrs. —, aged 40, the mother of a large family, and a lady of great intellectual attainments, who had usually been in the enjoyment of good health, was attacked in the Autumn of 1844 with acute pain in the right groin, or rather in the inner and upper margin of the ilium. The pain was limited in extent, and might be covered, as she expressed it, with her finger, but was so acute as to deprive her almost entirely of sleep, and to render any motion of the part nearly insupportable. There was no swelling, redness, nor any appearance of

inflammation. This pain continued some months, without varying its seat or character, and but little controlled by treatment.

It was considered to be neuralgic; and every means that could be suggested, both constitutional and local, were tried by an eminent surgeon who then attended the case. During the progress of this affection, Mrs. — herself discovered, while in bed, (to which she had long been confined by the neuralgic pain), a swelling in the right side below the liver. On examination, this viscus was found much enlarged, extending four or five inches below its normal size and situation, of a stony hardness; but unattended with pain or tenderness on pressure. It seemed to account for the pelvic pain, inasmuch as the pressure from this indurated mass on the nerves might occasion it. Mercury with taraxacum, and iodine and mercurial frictions, were therefore had recourse to, without any alleviation of the pain, or diminution of the hepatic disease.

In the Spring of 1845, the patient was removed to her mother's house in this neighbourhood, and on April 5th I saw her. In addition to the enlargement of the liver, and the acute pain on the inner margin of the crista ilii, there was now tympanitis, the bowels being enormously distended with flatus. There was no pain in the head, no fever, and the pulse and tongue were natural: but there was a degree of irritability of mind and fretfulness which was remarkable, as Mrs. —'s natural disposition was peculiarly placid and gentle. It is unnecessary to detail the treatment, as but little or no relief was obtained from it.

The tinctura cannabis indicæ soothed and tranquillized the nervous feelings; and the unguentum aconiti as a local application, (suggested by Sir Benjamin Brodie, who was consulted), in some degree assuaged the pain; but the general character of the symptoms continued unabated, till about the middle of April, when the pain began to diminish, and, in two or three days, went off altogether. After the removal of the pain, Mrs. —'s spirits and appetite improved; she was able to sit up and walk about her room; and although the tympanitic swelling and enlargement of the liver did not diminish, yet she was cheered by the freedom from pain, and the prospect of recovery.

On the 28th of April, while sitting in her chair, Mrs. — had an apoplectic seizure, which deprived her of speech and the power of swallowing, from which she never rallied. She expired May 3rd.

A post-mortem examination was made thirty-six hours after death. On removing the calvarium, the external part of the brain presented no diseased appearance; but, on cutting into the left hemisphere, it was found to be quite degenerated in structure. The whole of the anterior lobe was converted into a thick purulent fluid; and, in the middle of this large abscess, there was a clot of blood of the size of a walnut. This coagulum appeared to be of recent formation. The left middle lobe was pulpy and diseased, but the other parts of the cerebrum and cerebellum had a firm consistence and healthy structure. The abdomen was very large, from the bowels being enormously distended with flatus, but there was no extravasated fluid or gas in the cavity. The left lobe of the liver presented a very diseased appearance. It was enlarged to more than twice its usual size, had almost a stony hardness, was mottled and tuberculated externally, and on cutting into it, its texture was gristly

and exhibited that diseased structure termed mammary sarcoma. The inner edge of the ilium, where the pain had existed so many months, was carefully examined, but there was no morbid appearance discoverable in the part, or in the nerves leading to it. The thorax was not opened.

Remarks. This case is, I think, interesting, and worthy to be recorded. It shows that the symptoms did not point to the true seat of disease, till a short time before the patient's death; and that extensive disorganization may be going on in the brain, without impairing its functions, or manifesting those signs by which it may be detected. The fretful and altered manner of the patient led to the apprehension that softening of the brain might be going on; but the total absence of pain in the head, and of rigors, or any indication of inflammatory action, rendered the diagnosis very difficult. It is highly probable, that the pain in the right side of the pelvis was occasioned by disease of the left side of the brain, and furnishes an additional instance to those recorded by Sir Henry Halford, where neuralgia was the effect of cerebral disorganization. When the latter disease had so far advanced as to disqualify the nerves from suffering so exquisitely, then the pain ceased. This case shows the importance of attending to the brain, in all long-continued and obscure neuralgic pains, although the functions of that organ may not be impaired.

Wirksworth, July 4, 1850.

ORATIO HARVEIANA,

IN ÆDIBUS COLLEGII REGALIS MEDICORUM HABITA,
DIE JUNII XXIX, MDCCCL.

A JACOBO ARTURO WILSON, M.D.

Anno, quo nullus post hominum memoriam funestior, jam exacto, vos iterùm, Præses et Socii, Harveius ille noster dilectus in festum suum æstivum haud immemores convocat; iterùm in amorem et amicitiam, scientiæ causâ, ut pater liberos, amanter vos hortatur; necnon in scientiam experientiæ viâ solâ adeundum esse, vos, ut philosophus discipulos, fideliter admonet. Ad hunc finem, ipsius jussu institutæ, et veteri nostro curriculo de anno in annum repetitæ, ex suis ipsius verbis sit, pace vestrûm, hujusce orationis exorsus. Attendite igitur, Socii, hospites, et, quicunque huic festo favetis, fratres medici! nec vereamini, pro hâc saltem vice, aures adhibere in verba, non mei Londinensis, linguâ non meâ balbutientis, et Latino pede claudicantis, sed Anglica, Harveiana, ex ore suo ipsius, octogenarii, et, quasi e sepulchro, pro se et suis in omne ævum loquentis.

"To maintain friendship, there shall be at every meeting, once a month, a small collation, as the president shall think fit, for the entertainment of such as come; and, once in every year, a general feast for all the Fellows; and on the day of such feast shall be an oration, in Latin, by some member, to be appointed by the President, two eldest Censors, and two eldest Elects, so as not to be appointed two years toge-

ther, in commemoration of the benefactors by name, and what in particular they have done for the benefit of the College, with an exhortation to others to imitate, and an exhortation to the members to study and search out the secrets of nature, by way of experiment; and for the honour of the profession, to continue mutually in love."

O lepidum, præclarum, et ter dilectum caput! Hâc voce tuâ amabili dum aures nostræ adhuc personant, quàm te, ex cordis motu, per sanguinis affluxum, in pectora nostra recipere videmur! Te talem nos non diligamus, non admiremur, non omni ratione præponendum putemus? Id unum tibi objicio, quòd, natu Anglus, in hâc Anglorum concione, pro te, stirpe, moribus, indole, (si quis unquam) Anglico, de medicinâ et medicis Anglicis hanc orationem aggressurus, linguæ alienæ, nec meæ, nec tuæ, compedibus obstrictus sim.

Profectò, Socii, piget me quàm vehementer quòd in foro Londinensi Romanas has agere partes, jam in provectiore ætate, et sine ullâ in hoc genere dicendi exercitatione, designatus fuerim. Quàm libenter autem (si ita inter nos de more esset licitum) verba nostra, quotidiana, spirantia, viventia, natali jure propria, materno usu consecrata, ad Harveii votum explendum, in vestram indulgentiam et ex animi copiâ commendarem! Pro tarditate et debilitate hujusce mei oris in linguâ adoriendâ quæ semper mihi in deliciis legenti, perdifficilis et in fastidio loquenti fuit, veniam a singulis vobis, quantam impetrare fas sit, libenter quæso. Habetis confitentem reum. Neque id vellem a vobis putari, quòd, ex hoc concursu hominum literatissimorum, mihi Ciceronis linguam aggressuro ulla præter modum sollicitudo inciderit, quasi, hisce utens tam limatis judiciis, minore indulgentiâ condonandus essem. Immò etiam, ex hâc frequentiâ judicum lectissimorum, fiduciam, et, qualis cunque sit, dicendi copiam recipere videor.

Quo magis enim quisque ingenio et studio in litteras humaniores est proclivis, eo minùs mihi in his molestiis luctanti favere recusabit. Nemo, nisi non expertus, se in tali labore validum profiteatur. Scriptores et oratores Romani mihi multò cariores et multò magis admirandi sunt, quàm ut eos e pusillâ meâ ingenii facultate æmulari in propositum veniat. De "Latinitate", ità dictâ, si ulla sit, aut nulla sit, cujus compos esse videar, quid mihi, inter Londinenses Londinensi, curæ est? In hâc meâ pro Harveio magno allocutione, id primùm respicio, ut verum sit id quod dicam, ut quod sentiam sit sincerum. Id maximè vereor, ne quod dicam perinde intelligi auditu possit, atque ego ipse cogitans sentio. Faustum sit mihi, utpote trepidanti, omen, quòd non primus ego Wilsonus coram hoc collegio orator pro Harveio adsto. Nam paucis diebus post Harveii excessum, verba hæc, inter alia quæ in laudem Harveii Georgius Entius, amicus ejus conjunctissimus, conscripserat, Wilsonus, Socius et doctor, recitavit: "Fessâ tandem fractâque senectute, funeri suo propinquus, rerumque aliarum omnium securus, pulsuum suorum rhythmos explorabat; ut qui vivens valensque vitæ exordia, ejusdem progressus, alios docuisset, ipsemet jam denascens mortis præludia addisceret. Tandemque octogesimum annum emensus, qui tertius præteriti mensis erat, occubuo sole, placidissimo animo mortalitatem exuit, fatique necessitatem explevit." Wilsonum illum Socium, annis abhinc ferè ducentis, de Harveio vix id temporis mortuo, coram affluenti medicorum frequentiâ tali voce perorantem, quanta gratia, quantæ

lacrymæ insecutæ fuerint, quis nostrûm etiam nunc eadem verba auscultantium non ex corde sentire videtur?

Favete auribus, favete adhuc animis, sodales et Socii! Alterum Wilsonum, Harveianæ indolis, si quis unquam alius, conscium, fortem, mansuetum, generosum, veritatis præ cæteris amantissimum, Harveio ipsi studiis anatomicis haud imparem, de sanguine et cordis motu, ut de corporis totius fabricâ et usu per annos triginta prælectorem et scriptorem, Hunterii Gulielmi et fratris ejus Johannis alumnum, Baillieo nostro benefactori familiarem, et laborum consortem, Jacobum Wilsonum, chirurgum, his recentioribus temporibus præreptum, memoriâ vestrûm plurimorum adhuc lugenti expetitum, ante ora omnium, gratus, et quò ad hoc superstes, lætus, repono. Favete ejus nomini, præsertim hoc die, Socii et medici fratres! Eorum enim omnium, qui anatomiam in hoc Angliæ regno excoluerunt, nemo per longiorem seriem annorum, ad cumulandam Harveii nostri laudem magis sedulò et majore fructu enixus est.

Mi Pater! Videor mihi videre patrem meum, eo habitu vultûs, eo vestitu quo vivebat, in Lyceo Hunteriano, coronâ discipulorum, immò et virorum in medicinâ principum,—nam a plurimis semper audiebatur,—die kalendas Octobris circumsessum. In visum et auditum interiori animi sensu jam nunc recipere eum videor, sublato fronte, oculis, præ amore et reverentiâ, cùm humidis tum fulgentibus, dum de Harveii ingenio, fide, constantiâ loquebatur, cor omnium auscultantium, ut suum, ex imo suscitantem.

Ignoscite, Socii, cui filio res, locus, dies ipse suppeditat, si, orans pro Harveio, de patre, viro Harveiano, quòd nemini obstat, paulò liberiùs locutus fuerim. Hodie de mortuis, pro honore, agitur. Sed ne diutiùs morer in ejus laude, quæ mihi soli in hoc concursu est carissima, vestra expectatio me jampridem, etsi indulgenter, admonet.

De rebus hoc proximo anno gestis et factis, (orationes enim, ut hæc quæ nunc habetur, ab Harveio in perpetuum institutæ, Collegii nostri quasi annalia et fasti esse videntur), e quibus aliquid lucri vel damni, honoris vel incommodi, communitati nostræ acciderit,—de statu, progressu, et futuris artis medicæ fortunis,—de morum inter nosmet-ipsos disciplinâ et consuetudine, a me pro meis viribus dicendum est.

Respicite, igitur, in annum vix præteritum, vos, Præses et Socii! qui mecum huic solenni orationi inserviatis! In triviis—per vicos—per aperta rura—apud ipsas Baias, qui pavor! quantus luctus! quæ frequentia funerum! Quæ hæc est immanis morbi species! hæc mortis imago nova?—Annus nefastus!—Collegio nostro, præ cæteris, heu! sine gloriâ memorabilis. Annus, in quo, huic urbi insolitâ et sævissimâ peste diu ingruente, tum postea universum Angliæ regnum vastante, Collegium hoc Regium Medicorum Londinensium, neque a senatu, neque a consiliariis reginæ intimis, neque a prætore regio ad res domesticas administrandas designato, ne unâ quidem vice vel voce, in auxilium salutis publicæ vocatum est! Neque in curiâ, neque in foro, prævalente morbo, vox nostra audita est. A nullis nostri periculum factum est consilii!

Per cor et sanguinem Harveii! Quid est, si hoc non contumelia est! Nec satis erat hanc aciem nostram medicorum instructam, in morbo insolito oppugnando, ne ad succursum quidem adhibere,—nos sic negli-

gere, et sic negligendo pro nullis efficere ; quinetiam ex adverso, nobis, Apolline duce, in pestem dimicantibus, ad Mercurii fabri officinas in vico proximo Aulæ Candidæ constitutas, signa, si operosa et sanitaria, certè non medica, consiliarii regii, ad hoc delecti, sustulerunt. "Diversæ voluntates civium fuerunt, distractæque sententiæ. Non enim consiliis solùm et studiis, sed armis etiam et castris dissidebamus. Erat autem obscuritas quædam, erat certamen inter clarissimos duces, multi dubitabant quid optimum esset, multi quid sibi expediret, multi quid deceret, nonnulli etiam quid liceret." Post hanc tam turpem immeritamque repulsam, post hanc quasi ignominiæ notam parietibus nostris auctoritate publicâ affixam, nunc iterùm ad Harveii festum in hâc concione domesticâ congregati, nos invicem et ex corde gratulemur, quòd, dum pesti oppugnandum erat, domus nostra ab ipsis suis nullam interiorem maculam suscepit.

In his molestiis, nec sibi nec nobis sociis suis defuit Præses noster Parisius ; qui, si Parisiis ipsis Galliæ juvenis medicinæ præfuisset, ab eo concionabulo, cui salus publica permissa fuit, non magis alienatus esse potuisset. Consiliarios illos regios Mercuriales, doctorum in medicinâ partes agentes, ultrò, pro dignitate hujusce Collegii et suâ, decenter compellatus est; omne quod consilii et opis apud nos erat, ad morbum tractandum vel præcavendum, id nobis properè et libenter in commune allaturis promissum dedit. In concionem, sub adventum morbi, nullâ morâ interpositâ, convocati fuimus,—ad exquirendam ejus rationem plerique e nostro numero delecti sunt, qui experientias suas e nosocomiis Londinensibus redundantes, in unum afferrent,—immò etiam, qui per litteras passim in provincias missas, omne, quod in promptu erat, ad omnium medicorum usum colligerent. Unusquisque nostrûm, libet dicere, ultrò et pro virili suo perfunctus est officio.

Neque id solùm de medicis hujusce nostri ordinis affirmo, sed etiam de omnibus in omni genere per universum Angliæ regnum medicinam exercentibus. Profectò de nobis ipsis in medicinâ doctoribus vel omninò tacendum est, dum fratres nostros, quàmvis sine doctoratu, medicos respicimus, in nosocomiis, in carceribus, in ergasteriis, in vicis et angiportibus omni illuvie inquinatis, nocte dieque, per menses æstivas et autumnales, decies vel centies pro unâ vice nostrâ in peste oppugnandâ occupatos. Quæ fortitudo ! Constantia, fiducia, quàm admirandæ! Quæ vigiliæ ! Quanta dispendia et rei et virium ! Quæ incuria sui!

Pro hâc ordinis nostri medici sedulitate in laboribus, quàm sæpè sine mercede vel minimâ susceptis,—pro tantâ amoris et officii perseverantiâ in maximo civium discrimine, annon grata eorum mens esse debet, quibus reipublicæ nostræ cura committitur ? an tituli, honores, imagines, laus publica, tali virtuti non conveniunt ? Quæret de his rebus, annalia hujusce Angliæ perlegens, aliquando quispiam ? Prandia, orationes, "testimonia", inter omnes ordines ob facta, dicta, merita et immerita omnia, ob res gestas vel non gestas, ex omni parte invicem aguntur. Ob pugnas, trucidationes, rixas theologicas, ob cantilenas, ob aurum e ferro viis publicis instrato impudenter conversum, hujus vel illius est famæ recordatio. De medicis, in se pro salute communi mille molestias et vitæ pericula suscipientibus, in fastis publicis nulla fit mentio ! Sursum corda, Socii ! Collegium nostrum Londinense, si, majestate per alienos læsâ, hoc proximo anno aliquanto minùs regium fuerit,

attamen in rebus suis, auctoritate suâ, est nunc vel maximè medicum. Sursum corda! Quot modis contempti, spreti! Repudiati, tandem repetemur.

Quòd, ingruente morbo, materia ad auxilium consiliariorum regiorum de salute publicâ sollicitorum abundè apud nos suppetiisset, indicio sint eorum nomina, quos, nostræ societati hoc proximo anno præreptos, heu! frustrà quærimus. Vespere quinto Idus Octobris, anno hoc superiore, primus ad hasce ædes, nobis tum primùm in concionabulum convocatis, de morbi in Divi Thomæ nosocomium invasione, archiater ejus hospitii, Henricus Burtonus nuntiavit. Ultrò, et inter primos, æstate sequente, morbo jam tum inveterato se opposuit; inter primos, Deo sic volente, morbo occubuit. Et vitæ et mortis exemplo sit nobis ille frater noster delectus,—cùm in omni tempore, virtutibus, industriâ, ingenio, a nemine obliviscendus, tùm, hoc præcipuè die, merito atque optimo jure suo, in pathologiâ sanguinis exquirendâ, cum Harveio ipso celebrandus. Nam sanguinis cursum, auctore et duce Harveio, duplici viâ insecutus, attigit, et ratione et oculis, lineam istam cæruleam margine gingivarum circumscriptam, quâ teste, venenum Saturninum in venis et visceribus penitùs receptum quasi in conspectum medici proponitur. Profectò, ex hâc tam simplici ratione rei, Henricus noster monumentum sibi exegit, quàmvis e plumbo, ære perennius. Inter nos medicos de arte nostrâ naturam ritè exquirentes, metallorum nullum est vulgare, nulla e splendore nobilitas.

Prout hic, sic ille alter, quem e nostro numero amissum hodie lugemus, per vires ingenii et industriæ insitas, materiem naturæ, ab aliis rejectam vel minimè expetitam, sibi et suæ famæ inservire coëgit. Præclarus hic plumbo, Proutius ille urinâ! Ad scientiam excolendam, tanta est ex rebus omnibus laboris occasio et copia. In materiâ morbi indagandâ, lex nostra philosophiæ recens haud minùs quàm avidè de minimis curat. De philosopho illo sexagenario, mensibus abhinc tribus adhuc vivo, sedulo, operoso, quomodo, nisi ut de philosophiâ ipsâ, licet loqui? In foro et triviis hujusce nostræ Romæ, dum ad clientelam suam incedebat, quis et qualis, si non philosophus, ante ora hominum exstare visus est?—gressu properante, sed tacito,—vultu demisso,—habitu humili,—vestitu quàm modesto!—infumo etiam pallore candidus,—ad strepitum surdus,—ad opes non magis quàm modicè attentus. Me semper pigebat,—et, inter colloquia nostra, annos abhinc viginti, sæpe eum sic alloquebar,—quòd, in succis animalibus a sanguine excretis tam assiduè et tam feliciter versatus, a sanguine ipso, vivo, universo, omnia omnibus ministrante,—a sanguine non solùm passim recipiente, sed etiam passim agente, quasi animo aversus foret.

Grata et constans sit Proutii nostri apud nos memoria, non solùm quòd in pathologiâ chemicâ ferè primus viam medicam instituerit, sed quòd alios ad se ipsum æmulandum viribus ingenii sui suscitaverit. Non omnis, Socii, non omnis ille noster morietur! In hæreditatem ejus in studiis pathologicis acuminis et industriæ, ne dubitetis quin alii de die in diem sint successuri. Apud nos, consensu omnium, jamdudum salva *res* est. Uno, qui volitavit per ora hominum, pennis in altiùs elatis, remoto, non deficit *aureus* alter *avis*.

Amici et sodales ambo, haud ampliùs in hoc cœtu nostro videndi, inter gemitus et lachrymas valete! Coronas vestras laureatas, heu!

atris lictoribus comitantibus, hoc solenni die in domum vestram reporto,—insignia artis vestræ ad effigies Harveii, Sydenhami, Bailliæi hìc in perpetuum repono.

Salvete! ambo, Harveio jubente, idem ego vos iterùm compellor. Salvete! ob beneficia in ordinem et domum nostram iterùm recepti, et, eo titulo, hoc festo die gratâ voce commemorandi! Laus, honor, scientia, apud nos, hæc sunt in loco divitiarum,—benefactores e nostrûm numero præ cæteris illi, qui virtute, ingenio, doctrinâ, industriâ, sibi et huic societati suæ gratiam conciliant, existimationem comparant! Omnibus igitur, qui fundos, ædificia, supellectilem, qui aliquam argenti vim ad nostrum usum aliquando contulerunt,—vel qui, veræ medicinæ scientiam excolentes, in hâc nostrâ vitæ ratione, quotidianâ, assiduâ, laboriosissimâ, humanitatem animi, et mores suos integros servare student,—omnibus, qui honestè pauperes vivere optant, potiùs quàm homœopathicis, hydropathicis, mesmericis, etiam ad normam empiricè exquisitis artibus divitias parere,—omnibus his bene moratis sociis nostris, quamvis spe humili, et opibus præcisis, gratias hodie ut benefactoribus, Harveio ipso indicente, pro debito et solenniter agamus: Bene fecerunt, qui bene vixerunt.

Ne vereamini, Præses et Socii, ne pro consuetudine hujusce rostri, Linacrum, Caium, Harveium (et quot, longo ordine, alios!) patientiæ vestræ oppositurus sim. De tot et tam diversis viris, quomodo, ut quisque mereatur, et sine invidiâ, loqui possum? Eximii omnes pro hâc vice salvete, et valete! Cum tanta sit vestrûm fama, quis dubitet quin, etiam me tacente, in biennium fuerit superstes? Quàmvis non nominatim et singulatim in vota nostra more solito invocati—attamen, et nunc et semper, benefactores omnes, quicunque fueritis, adeste nobis, ad omne memoratu dignum grato animo intentis, et ad veram scientiam per experientiæ vias enixè simul incedentibus.

Quàm frequenti et quàm liberali manu in domûs hujusce usum et honorem de anno in annum a suis effusum est, e parietibus hisce ipsis patet, qui, nostris propriis sumptibus extructi, gratias, ut videtur, agere gestiunt. En coram vobis, oculis sublatis, Bailliæi munificentia per totam interiorem domum reposita!—in re anatomicâ, opera quàm multa et varia!—manu ipsius, se ipso teste, et patris mei (haud temerè loquor), illum pro amicitiâ subinde adjuvantis, elaborata. Quanto dispendio argenti et laboris exquisita, et adhuc conservanda! Sed, quòd ad munificentiam attinet, quid moror in hoc vel in illo, inter sociorum nomina? Per longam annorum seriem, nemo fuit e nostrûm numero qui non censum gravem in se suscepit, quò res publica nostra non majus acciperet damnum. Ut ratio et summa munificentiæ in domum nostram collatæ gratè dignoscantur, tabulæ istæ auratæ theatri parietibus affixæ perlegendæ sunt. Quot nomina illustria! Quot pecunias operosè partas, e privatis commodis desumptas, et in usum communem ultrò collatas!

Satis, superque, in hujusmodi antehàc orationibus, ut mihi videtur, laudationis fuit,—parùm fortasse laudis. Ut pro laude ex hoc rostro valeat laudatio, sit præter laudationem aliquid semper in proposito; sit in laudatione modus ad mensuram et pro ratione laudis, de eo quod non est laudandum; sit etiam dicendi copia, neque in his fastis Collegii nostri conservandis, absit, invidiæ metu, illa modestiæ et pudoris magistra, censoria severitas. Absit, procul absit ab eo, qui ex Harveii jussu hoc

solenni die vos alloquitur, omnis assentatio, non modò in vivos, sed etiam in mortuos! Ambitiosi, vafri, gloriosi, heu! pietatis etiam simulatores, quorum incredibili vi mendacii vita adhuc viventium typis publicis in exemplum nobis ante oculos proponitur, hoc saltem die, hic saltem loci sine laude discite vivere!—Blanditiæ, officiosæ sedulitates, quibus inhiantes magis magisque de die in diem sufflamini, non mei pro Harveio orantis hæc sunt officii. Signa ærea, ad pretium de semetipsis ex ære computandum, "spirantia" ligna, ad ligneas suas effigies a solis radiis expressa, funambuli in quovis genere vel medicinæ vel chirurgiæ eximii, per universum terrarum orbem, oblectamento suo, ut libeat, diffundi curent,—immò etiam vitas suas cum pecuniariarum rerum ratione implicitas chirographo publico in aures dictitent. De hujusmodi singulorum laude et famâ, de "testimoniis" ita dictis ob beneficia in semetipsos a viris prosperis collata, quem nostrûm non usque ad nauseam nunc dierum pertæsum est! Bono animo sis, quisquis es, orationi huic qui ades! De mortuis hodie est quæstio. Sit ergo nulla inter nos famæ opinio, nisi quæ sepulchro inveteravit. Fautores, satellites, assentatores, omne id genus molestum caveat id, de quo nunc agitur. Harveio festum indicente, haud vivos depascimur! De mortuis, ita aiunt, nil nisi bonum! immò, ex hâc ipsâ sententiâ, nil nisi verum; quid enim est bonum, si non sit verum? Excidat potiùs ex ore mihi lingua, quàm ut laudi hominis illius nequissimi, quo regnante, Collegium hoc nostrum institutum est, vel uno verbo inserviat. Quid? "illud funestum animal, ex nefariis stupris, e civili cruore, ex omnium scelerum importunitate et flagitiorum impuritate concretum," eodem loci et temporis vestigio, quo animæ niveæ Harveium nostrum, sapientiâ, doctrinâ, benevolentiâ, omni laudis genere præstantem,—eodem die et spiritu, hunc civem philosophum, Deo carum, a suis veneratum, et illum regem tyrannum, fastis Angliæ semper execrandum, coram vobis in lucem proferrem, et vestro favori commendarem?

In Harveii nomine continetur omnis omnium fama eorum qui Collegio nostro benefecerunt. De Harveio igitur solo, cùm exorsum, tum etiam exitum oratio hæc mea Harveiana, pace vestrâ, deducat.

Eorum, qui Collegio nostro maximè benefecerunt, unus est, Socii, præter Harveium, quem non cum Harveio hoc die singulatim nominare, est de Harveio ipso tacere, et quasi aliquid gratiæ famæ ejus detrahere.

Inter Lumleium nobilem, et Harveium ex instituto Lumleii in medicinâ et chirurgiâ prælectorem, quis nescit quàm arctum est humanitatis et ingenii vinclum?

Suadente Caldwallo, Lumleius veræ scientiæ intentus prælectiones ex suis sumptibus instituit. Harveius, id temporis nondum natus, annis vix quadraginta elapsis, prælector Lumleiensis eligitur. Res prælecta est sanguis per corpus e corde circumactus! Lumleio nobili, senatori, in civitate principi, post longa æva, eorum qui restant, prælectore ejus Harveio quis nunc est conjunctior?

Immò inter nobilem et medicum est in futurum per sanguinem ipsum cognatio quædam et quasi affinitas.

Tituli, æra, imagines, quò nunc tibi, nobilis noster, reponuntur? Tui in memoriam, inter tuos, quid denique restat?

Hic saltem loci, apud nos medicos, quæ nobis in custodiam tradidisti, sub tutelâ nominis tui religiosè conservantur, et ad gloriam tuam, quò magis usitata, magis redundant.

In Harveii domum nobilitas tua (quid melius aut aptius?) se tandem recepit. Laus, virtus, honor tuus sunt nobis pro nostris. Sis hospes in perpetuum, inter nos medicos Londinenses, quos, amantissimus artis et scientiæ nostræ, honore afficere haud dedignatus es! Lumleianis viris, si adhuc extent, bene instituti, natu nobiles, et ingenio ad medicinam veram proclives, ubi est nobis ad conveniendum locus? Aut hæc, aut nulla domus patet. In Curiâ enim de Medicinâ est annua taciturnitas,—silentium perpetuum. Vox nostra in foro nunquam auditur. In aulâ regiâ, ut videtur, vix publici juris digni censemur.

Quod ad optimates hodierni temporis nostros attinet, vel natu, vel divitiis, civitatis principes, senatores, equestres, magistratus,—heu! etiam sacerdotales,—si in veram medicinam conjurati essent, quomodo majoribus damnis, aut magis contumeliosè nostrum ordinem afficere possent?

Profectò, ignorantiâ, arrogantiâ, et negligentiâ virorum qui circumstant forum, ex omni parte obruimur;—ignorantiâ, plenâ dedecoris et risûs, et, cùm proterva sit, in rebus medicis minùs ignoscendâ;—arrogantiâ, quæ etiam in morbo sibi assentationes et patrocinium quàm avidè captat, medicum liberum, liberalem, sincerum, in propinquo vix vel ægrè patiens; servum, libertum, fautorem, empiricum, quàm libenter!—negligentiâ, cui nulla hominum solertia comparanda est, cui nulla patientia ad sustentandum sufficere possit! Certè equidem, nihil est tam molle, tam tenerum, vel exiguum, quod exilitati optimatum plurimorum nostrorum ingenii, in Anatomiâ, Physiologiâ, Medicinâ, adæquari potest; nihil tam ingens aut crassum, quod eorum ignorantia et credulitas non facilè superent. Nullus sit invidiæ metus, quin hanc alienationem principum, Victoriâ Reginâ, in civitate nostrâ, virorum, a nobis et studiis nostris, cum Lumleii et hominum illius ævi ejusmodi benevolentiâ, ex adverso comparem. Res patet; de die in diem crescit, et se petulanter pro sapientiâ jactat. Typis publicis quotidianis exprimitur. "Tempora" proclamant mores. Se ultrò in quæstionem tradit.

Hic comes, ille dux, hujusce rei uterque et dux et comes, nosocomium, cujus, ipsis dicentibus, medicina et chirurgia infinitesimæ vel proximæ nihilo futuræ sunt, epulis datis, inaugurant. Ad nomina præsidum, nobilitate insignium, more apud nos Anglos philosophorum inveterato, quantâ frequentiâ concurritur! Mensæ, pares impari appositæ, instruuntur; in sedes, "*ὅμοιος πρὸς ὅμοιον*", convenitur; locus est etiam pluribus, heu! pietas, heu! prisca fides, umbris sacerdotalibus! Cibus, qualis et quantus, ex quâ ratione, sive infinitâ sive infinitesimâ, distributus fuerit, (absit hoc omen a nostris jam incalescentibus epulis!) quis hic curat discere? Gloria nobilitatis superiori mensæ præsidentis in capita convivarum homœopathicè, et per stillicidium, deorsùm infunditur, et a singulis, infinitesima cuique, pro suâ recipitur. Pecunia (quàm vellem dicere, infinitè infinitesima!) heu! bona, solida, ad plurima millia sestertiùm corraditur. Prandii et post-prandii recensio, finitis rationibus, computatur. Medicina et chirurgia infinitisimæ, pro futuro, promittuntur. Gratiæ infinitæ invicem aguntur. In domum disceditur. Apud conjuges et liberos de pacto singulis gratulandum est.

De his ineptiis quid magis severum dici potest, quàm ipsas ineptias sine commentario enarrare?

Prætor ille urbanus, qui dat natalitia Hahnemanni in tabernâ,—hydropathicus iste nobilis Belgraviensis, qui Apollinem esse medicum omninò

negat,—qui Aquarium ipso sole præstantiorem ad morbos curandos vehementer affirmat,—quid minus merentur quàm animadversionem seriam ab illis hominibus scientiæ veræ studiosis, et gnaviter operosis, quorum vitæ et doctrinæ tam petulanter, tam insulsè insultant!

De mulierculis istis protervis, omni insolitæ methodo vel medicinæ, vel chirurgiæ, vel artis obstetricæ se confestim immiscentibus,—pro hoc vel illo obstetrico in deliciis habito, contra Harveii doctrinam, mores, et innocentiam, per publicas vias impudicè clamitantibus;—de duce hoc vel illo, de comitibus, senatoribus, equestribus, in mesmericarum vel obstetricarum istarum impudicarum muliercularum clientelam se et conjuges et filias suas tradentibus, de episcopis mesmericis, de archiepiscopis archi-mesmericis,—præ fastidio, præ pudore, præ religionis studio liceat mihi medico saltem inter medicos hoc die tacere!

Nec præter rem et quæstionem orationis hujusce nostræ hæc alienatio optimatum nostrorum a doctrinâ et studiis Harveii ab aliquo medico censeatur! Ex hâc in re medicâ pravitate ingenii, plurima illa labes conditionis et quasi interitus auctoritatis nostræ. Hinc illud discidium inter nosmetipsos semper renascens, quando de re communi consulendum est. Dividimur et imperamur; immò a quibusdam subdolis et ambitiosis nostris dividimur ut imperemur. Hinc illa injuriæ vis nunquam defessa, nunc huic, nunc illi ordini nostro, ob petulantiam, ab aliis illata. Hâc illuvie, in nos et nostra studia tam diligenter conversâ, non modo externè fœdati in risum vulgi exhibemur, sed etiam interiorem et graviorem labem per ipsum spiritum et venas nostras recipimus. Inter laudum omnis generis avidos, laudibus omninò caremus.

Sunt inter nos, qui honestam laudem quærentes, ob animi et ingenii infirmitatem in probrum alliciuntur. Sunt etiam, qui, de verâ laude nuspiam solliciti, ex hâc in rebus medicis profligatâ principum nostrorum licentiâ, occasionem quæstûs sibi sedulò exquirunt,—et sese perniciosæ isti otiosorum genti, a quibus ars nostra tam impudenter affligitur, clientes inhonestè commodos libenter præstant. Parasitaster ille parvolus, assentando, serviendo, dignitatem artis suæ tradendo, seipsum vendendo, ad honores ita dictos, ad divitias, etiam ad titulum in re civili omnium imum et postremum, medicinâ fretus, quàm sæpè obrepsit! Principibus enim quibusdam nostris, Gnathones, Balliones, Phormiones, maximè cùm medici sint, suppeditant. Neque in moribus, neque ingenio, neque etiam in colloquio, si modò faciles simus, nos fastidiunt,—fide et severitate planè.

Heu! quot modis et quàm facilè, per artes non suas, a medico sic volente in principum gratiam itur! Anne macula ista Romana servitutis tam inveterata, tam inusta nostro ordini est, ut etiam nunc, inter nos liberos Anglos, se aliquando in lucem proferat? An aliter quàm servire est, quod sub lege "de pauperibus medendis" dictâ, a prætoribus rusticis et suburbanis annos viginti indignè patimur? An fratres nostri medici, copiis regiis navalibus adscripti, qui tam insulsâ, tam pertinaci arrogantiâ ab iis qui res publicas curant circumventi, per maria orbis universa indignatione et spei abjectione marcescunt,—an illi, quoad medici, pro liberis censendi sunt? Neque id mihi objiciatur, quòd lex illa "de pauperibus" non nostri intersit,—quòd incommodis navalibus nos doctores Londinenses nullo modo afficiamur. Pro universo ordine medicorum, in tali imperii acerbitate, ab omnibus dimicandum est. Arma ipse

Harveius ministrat. Experientiâ, ad verum inter omnia pericula indagandum et extrahendum, nos præcipuè instruit;—amore et amicitiâ, ad veri inter nosmetipsos communitatem nos indui jussit,—immò etiam fortitudine, pro amoris indicio et in amicitiâ tuendâ—"Courage to make love known,"

Ignaviâ, sit sine invidiâ verbum, Socii,—ignaviâ, cui nomen modestiæ supponitur, jamdiu tabescimus et perdimur. Sit fortis, constans, animosus ille, cui in rebus medicis laus vera ambitioni est! Quid, si Harveius ignavus, si minùs quàm audax fuisset? Quid scientia, quid ingenium, quid benevolentia ejus, sine fortitudine animi valuissent? Sit igitur omnis veræ laudis ad Harveii gressum in medicinâ sectator, cùm in vitæ et studii ratione suscipiendâ sapiens, tùm in eâ susceptâ fortis: fortis, non solùm ad inimicitias et simultates malevolorum repellendas,—sed fortissimus, assentatione et vanitate adversus se et suos prævalentibus;—fortis, ne illecebris otii, ne falsâ studii et agendi specie, a disciplinâ ad veram doctrinam pertinente alliciatur; ne a nobilitate urbis ad nimiam cognitionem devocetur.

Se in optimatum nostrorum gratiam receptum fuisse, id nullus sibi laudi medicus apponi censeat; pro nummatione, quantum quisque valeat, ad computandum facilis est ratio,—quàmvis etiam in re argentariâ a nostris studiis tam alienâ, tanta est complurium invidia, ut particulam penè vicesimam honorarii per longa æva præscripti in sua commoda a nobis soleant divertere. Quàm invitus hæc verba profero, Socii, a nullo dicendum, mihi soli sentiendum est. Contumeliam,—ut scitis, qui me noscitis,—non damnum insector, ne in posterum incidat.

Pro dignitate et otio medicinæ veræ abhorreat quisque, in eâ consequendâ, a ratione negotii et quæstûs in rebus frumentariis illâ mutabili, sub quocunque nomine et prætextu ad merces nostras ingenii, doctrinæ, et experientiæ comparandas translata fuerit!

Etiam medicis suffragantibus, maxima laus persæpe est maximum opprobrium.

Profectò, ex nullâ aliâ re majus recipimus damnum, medullisve propius, quàm a quibusdam effusè petulantibus, qui indole et animo empirici, medicinæ legitimos se esse filios in aures omnium assiduè, et quàm altâ voce, proclamant; chirurgi,—obstetrici,—prout res se habeat, vel etiam in medicinâ doctores, ad normam et regulam exacti, homines effrænatæ, inter alia, audaciæ, quam efficaciam solertem dicunt, in medicamentis, periculo non suo, præscribendis;—nec modum,—nec rationem,—nullum discrimen, nullam cogitationem, immò nullam etiam misericordiam in morbis tractandis adhibentes. Ejusmodi gens illa est, quæ, insperatis et repentinis pecuniis sumptuosiùs insolentiùsque se jactitans, bilem in integrum nostrum ordinem adstantibus haud cessat commovere.

Quòd nullus Lumleius e principibus reipublicæ viris ad sustentationem hujusce domûs nostræ, hodierno die renascitur;—quòd homœopathici, hydropathici, mesmerici,—quòd empirici, quot et quales nullo tempore antehâc, ex hydrâ genitrice etiam ad hunc porticum Apollinis convomuntur,—causa hujusce labis et contumeliæ nostræ in hos jactatores, violentos, conturbatores, quàmvis ad normam et quoad nomen exactos, re verâ empiricos, a plurimis, per cogitationem, refertur;—ad eorum præter fas et solitum catharses, vomitiones, venesectiones, et in omni genere haustuum, pulverum, misturarum, et pilularum veneficia.

Ex nimiâ in medendo diligentiâ, ex præter modum in medicaminibus abundantiâ, in remedium quod ad salutem valet, aut vix suppeditat, nausea! Præ atrocitate et odio diluvii fastiditur fons!

Profectò, sine doctrinâ parùm medicina valet. Obstetricus ille solers et popularis, eò quòd inter quasdam summi loci mulieres, "non Apollinis magis verum atque ejus responsum" sit, non idcircò, in masculinis morbis dignoscendis et tractandis repentè fit medicus. Attamen horum et hujusmodi medicina est præ omnibus dicax, audax, impudentissima, minimè excogitata, maximè sui profusa.

Quod ad chirurgos attinet, quanto purior est chirurgiæ scaturigo, tanto magis præceps, turbidus, lutulentus, est medicinæ rivus. Doctrinâ planè medicina caret.

Ex hâc turbâ, ex hâc caligine quibus domus nostra regia, (anne unquam evasura?) jamdiu opprimitur, ad Harveium et Lumleium, quasi in lucem, redeamus. Date locum, hujusce ævi patroni, homœopathici, hydropathici, mercuriales, mesmerici! Inter hos duos, inter hunc nobilem, et medicum illum, stirpis veteris illius Anglicæ et sinceræ propaginis clientela non morum est vestrûm, non vestri est ingenii.

Ineptiæ, arrogantiæ, impudicitiæ, quibus artem nostram divinam jamdiu opprimitis et penè obruitis, hâc saltem adjuratione, (de sanguine nunc agitur) in tenebras actæ conquiescant!

Sanguis, sit nobis in memoriâ, Socii, sanguis, in quo ipso vivo et vitæ suæ conscio vita omnis continetur, sanguis,—ab omni ævo immutatus, immortalis, "humani generis sanguis cognatus et idem",—fons iste et rivus perpetuus heroum, poetarum, philosophorum, ubicunque scatet indoles, natorum,—sanguis Ipsius Dei hanc terram visentis in cor et venas pro suo humaniter receptus, in hæreditatem perpetuam nobis ab Harveio committitur, cogitatione, præ cæteris, gravi et vehementi, pro hominum salute et ad Dei gloriam excolendus.

Mihi de rebus nostris, ut par est, cogitanti, hoc sæpe in animum incidere solet. Quid si noster Harveius,—quid si nunc iterùm inter nos, in hisce ædibus, ille vivus adstaret? Quid de hâc re diceret, quid de illâ? An laudi, ac vitio verteret?

Videor mihi videre dilectum illum senem hasce ædes quàm avidis oculis perlustrantem! Soleo eum ante oculos ponere ex quovis obvio percontantem,—Quid mei! quid Collegium! quid Præses, Electi, Censores? Consiliarios nescio. Quid Socii? Quomodo, peste Asiaticâ ingruente et invadente, se gesserunt? Quid de sanguine? An in morbis dignoscendis et tractandis apud medicos Londinenses vivit et valet?

Immò, prænobilis dux et auctor, quâcunque incedimus viâ, ad sanguinem, tanquam ad arcem pathologiæ et veræ medicinæ, ab omnibus quibus medicina re verâ cordi est, nunc denique est concursum. Immò, nunc primùm, in ratione symptomatum instituendâ, medicinæ isti anatomico-pathologicæ, quæ "infelix operis summâ, quia totum ponere nescivit," corporis partibus et particulis penitùs implicita est, e sanguinis universi theoriâ, scientiæ universæ lux oboritur. Quòd in sanguinis studio, utpote vitæ materiem et sanam et morbidam præbentis, medici nostri, (perinde ac debeant) jampridem se occupant, en signa adsunt,—quàm varia, et exquisita! quæ Garrodius doctor, et medicinæ professor, ob reverentiam

in Harveii nomen, hoc festo die officiosè instruxit![1] Ecce etiam, quod perrarum doctor noster ille "per æthera notus" Nix mihi in manus ad vestram delectationem nuperrimè tradidit.[2]

Gratiæ fratribus nostris pro tantâ comitate suâ, et mei oratoris, et omnium hîc præsentium, ex animo agantur!

Quantâ admiratione, quantâ ingenii acie hisce novarum rerum formis per artem chemicam et microscopicam explicatis, Harveius noster, si nunc hîc adforet, inhiaret!—sed mitto—(heu! præ temporis inopiâ), chemica, microscopica, ponderosa et alia ad sanguinis compositionem pertinentia, quæ nobis quotidiano usu familiaria ab Harveio vix suspecta quidem, vel penitùs ignota erant.

In sanguine vivo, dum integer sit, quanta vis insita! quanti nisus formativi, quanta et quàm continua *ἐνεργεία* ad virium explicationem prompta! O! quanta nobis patefacta sunt, quæ illius temporis philosophia nondum insomniaverat. E sanguinis particulis, invicem in se agentibus, vis electrica, ut nuper patet, per universam corporis fabricam, immò in ipso fabricandi opere, continuè et universè gignitur, Lux ipsa, e radio in radium diversè inflexa,—vel, ut dicunt, "polarizata", non solùm de aliquo albumine præsente testatur, sed insuper, quænam sit albuminis ratio ex angulo radii deflexi et e spectro colorato indicat. Quædam medicamenta, injecta per arterias cruris, impotentiam musculorum infrà positorum,—quædam alia anæsthesiam,—alia iterùm impotentiam et anæsthesiam inducunt. Calor animalis e carbone oxygenato sanguinis per totum corpus nutritioni inservientis, ratione exactâ continuò et continuè evolvitur; nam eadem est constantia nutritionis per sanguinem in corporis fabricâ ad aliquod temporis spatium agentis, ac aëris, gravitationis legibus subjecti, vel virium chemicarum et electricarum in naturâ rerum externâ. Prout in aëre, sic in sanguine, incrementa et decrementa nutritionis et scatent et latent. Porrò autem, quò calor et nutritio corporis primordia sua instaurant, ibi, æquè ac nutritio constans, motus ille sanguinis a pondere aëris et cordis contractionibus in circulum postea agendi, formis nascentibus simul ipse nascens oboritur. Quis dubitet quin, si Harveius medicinæ studiis nunc interfuisset, satiùs putaret sanguinem ipsum et ejus motus internos, quàm sanguinis cursum in venis, studio et experientiâ exquirere?

Nec pudori sit mihi, etiam de me ipso loquenti, si honestè mihi gratulari possim, quòd, hujusce communitatis jamdiu socius, Harveio et sanguini in nullo tempore defui. In prælectionibus, annis abhinc viginti, de Materiâ Medicâ, et nuper in Lumleianis de Anatomiâ et Chirurgiâ, ad hanc sententiam, ad hæc ferè verba, Socios persæpe allocutus sum: "A medico Harveiano, sanguis qui ei subjicitur, ad medicinæ praxin utiliorem exquirendam, non modò quoad singulis corporis partibus in circulo actus suppeditat, perspiciatur,—sed etiam per se, quasi organon, (vel potiùs 'panorganon') omnes sensus, omnes motus, omnes functiones

[2] Uric acid and urate of soda from the blood of gouty patients. Traces of uric acid and urea from healthy human blood. Urea from blood in various diseases, as albuminuria, cholera, gout, etc. Fibrin from blood. Albumen from blood. Pure hæmatosin from blood, and its solution. Oxide of iron from blood. Microscopic specimen, showing the crystallization of uric acid on a hempen fibre in serum of blood from a gouty patient.

[2] Chloride of silver, of which the chlorine was recovered by Dr. Snow from the blood of an animal, killed by inhaling the vapour of chloroform.

omnium corporis partium, in se continens ; formativum,—electricum,—nervosum,—ex suis particulis, suis propriis viribus, contractilitatem, calorem, cujusvis sensus facultatem in singulis organis generans ;—denique, per molem suam integram suo modo vivens,—recipiens,—agens, et vel minimo temporis spatio plurima persentiens. Accipite nunc animis, Socii, sanguinis rivum corporis universum, universo aëri in pulmonibus proximum, universæ corporis fabricæ, mole eâdem et continuâ, penitùs circumfusum. Sanguis, vivus, continuus, ex his principiis constans,—et aëri et corporis fabricæ intermedius,—quid est, si non aër ipse, ad intimum nutritionis usum, inclusus, et commodus ! corporis internæ fabricæ atmosphæra, ut lubet dicere, alia et interior ?"

Sed ne in prælectionem de sanguinis usu et materiâ oratiuncula hæc, ad fastidium audientium, protrahatur, sine morâ cavendum est. Ah ! quàm vellem !—Sed de cæteris taceam ;—dummodo mihi fas sit perpaucis verbis, sed iis preces et gratias agentibus, iterûm coram vobis, Socii, donum illud cœleste extollere, ab Auctore cujusvis boni ad solatium hominum divinitùs missum, cujus vis ætherea in nervos per sanguinem diffusa, dolori, utcunque atroci, in principiis obstare valet.

En, quod a viris nostris principibus et mulierculis otiosis, æquè ac manipulatio mesmerica dignum est ut in patrocinium et clientelam recipiatur,—a religiosis philosophiæ faventibus æquè pro miraculo habendum, et gratâ mente excolendum ! In nervis duplicibus ad sentiendum propriis, quorum nutritioni sanguis ætheris vapore vel terchloridi Formyli suffusus per incrementa suppeditat, utcunque fuerint laniati vel aliter læsi, dolor vel quàm minimus gigni non potest !

Res planè mirabilis, res Dei ! et cui potest par oratio nulla inveniri.

Heu ! inter plerosque nostrûm, quàm crasso ingenio, quàm sine religione, in manus, sed non in animam receptum. Indigni ! ingrati ! An egestas hujusce animi nostri Anglici, in nummationem et titulos semper proclivis,—an angustiæ pectoris pathologici, particulis partium semper occupati,—an levitas ingenii medico-chirurgico-obstetrico-practici, haud, ut in tempore præterito, simplicis et concentrati, Deum in ipso opere præsentem non possunt perferre ?

Quid, si hoc munus anæsthesiæ, annis abhinc vix quatuor hominibus mucroni chirurgico subjectis concessum, quid si humanis legibus in usum humanum nunc repentè prohiberetur ? Quantus tum denique horror et luctus ! Quàm sæva indignatio ! Quæ misericordia puerorum, feminarum, infantium de novo sub chirurgi cultello luctantium ! Quantæ lacrymæ, cum gemitu, parentum et propinquorum circumstantium ! Tum denique pro beneficio dato si gratiæ non priùs actæ fuerint, ad donum recuperandum preces pro certo agerentur !

Non sic pius noster Harveius sanguinem, per ætheris vaporem, de dolore in nervis triumphantem in mentem suam oculis recepisset. Non ille, medicus, philosophus, poëta, hoc pro adoratione indicium, quasi *nebulam æstivam*, sine admiratione singulari prætermisisset. Ubi ! ubi ! est ea Religio Medici ? *αἴσθησις* illa artis suæ et ejus propositi, quæ his verbis exprimitur, " Homines nunquam ad Deos propiùs accedunt, quàm Dei naturam contemplando, et salutem hominibus dando."

Ingenium medici, cùm sit in omni re ad facultatem agendi præcipuè excolendum, sit semper æstheticum. Id quàm multis et variis modis Harveius noster nos admonet ! Homo, si ullus, virilis ingenii, cujus scien-

tia famæ æternitati suppeditat, homo principibus reipublicæ necessarius, qui scivit etiam regibus uti, quid nobis Sociis, hæredibus suis, jam nunc moriturus, præcipuè injungit? Estote amantes! estote amici! Quis, magis quàm ille medicus octogenarius, compertum habuit, ut hæc quotidiana, laboriosa, nostra vita, inter mortuos, moribundos, animi et corporis dolore miserrimè excruciatos, perpetuò acta, affectuum lenium solamine perpetuò eget; ut, sine amore et amicitiâ, plane intolerabilis foret! Næ ille Harveius noster, præ omnibus, scivit et sensit, sine corde et sanguine nullam esse cerebri vitam. An majore sapientiâ, vel in longius ævum pro domûs nostræ honore et auctoritate, ab ullo prospectum esse potuerat?

Neque pro dubio sit, Socii, Harveium, cùm inter nos amorem et amicitiam quasi testamento suo præcepisset, non solùm doctores in medicinâ Londinenses, sed insuper medicos totius Angliæ regni, domi, foris, terrâ, marique, artem suam exercentes respexisse; illis enim temporibus Collegium hoc nostrum universæ medicinæ Anglicæ domicilium fuit. Harveius ipse, nonne per longos annos Anatomiæ et Chirurgiæ prælector fuit? Nonne constat, Socii, venerandum illum nostrum, cùm nos in festum suum annuum convocavit, non cœnas illas tabernarias quorundam in concionabulum symbolis adscriptorum respexisse, —non prandia illa, fastidii, arrogantiæ, invidiæ plena, certatim fastuosa, ab uno in alterum, a singulis vice suâ expletâ, quasi pro debito et censu imposita;—non ista vana amoris et amicitiæ simulacra,—sed animi, voluntatis, propositi conjunctionem,—qualem ipse cum suis dilectis, Georgio Entio, et sociis aliis ejusmodi,—qualem cum fratribus suis, per tot et tanta rerum discrimina, de anno in annum servavit.

Catholicum istum amorem Harveianum erga fratres suos uniuscujusque ordinis medicorum non omnino in corde et venis hæredum ejus extinctum esse, indicio sit supplicatio hujusce Collegii nostri, tribus mensibus vix exactis, ad senatum, pro auxilio chirurgorum juniorum navalium ab iis qui imperant indignâ vitæ ratione et disciplinæ lege jam diu afflictorum, unâ voce decreta et ad curias utrasque relata. Pro futuro faustum sit omen!

Odia, simultates, objurgationes, etiam inter hujusce ordinis medicorum principes aliquando innasci, quis sanus et sincerus se nescire profitetur? Inter nosmetipsos Harveii vocem paternam nunquam non desiderari,—nunquam silere debere,—heu! nuperrimè et quam publicè patet! Crimina in socium falsa, conficta, a quibusdam nostris temerè credita, quàmvis per se absurda,—epistolæ, aliquâ offensione interpositâ, in medium prolatæ,—joca, inepta, in deteriorem partem accepta,—omnia hæc typis publicis commissa ad ludibrium etiam alumnorum puerorum perlegentium assiduè pervulgata sunt. In jus publicum ab auctoribus ipsis traditæ, et quasi præconibus ultrò subjectæ, protervitates illæ et omnes ejusmodi in hoc medicinæ Anglicæ foro publicè condemnentur, et, sine invidiâ, a communitate nostrâ repudientur.

Quid me respicitis, Socii, dum hæc invitus loquor? In hàc allocutione pro nihilo sum. Censor est Harveius;—non ego, qui ex rostro judicium ejus vicarius proclamo.

Quid diceret Harveius?—Ad hujus sententiæ normam, (licetne verbum recordari?) omne quod in proposito huic meæ orationi fuerit, redigere

conatus sum. An melius possem? Noscite eum, perlegite eum, Socii. Dignus est, quem ex solertiâ, indulgentiâ, vitæ communis scientiâ, in quàvis rerum junctură consiliarium adhibeatis;—cui amico, tutori, patri obtemperetis. Harveii vitam atque epistolas legenti, et de ejus ingenio, de mirabili ejus constantiâ cogitanti, hoc mihi quàm sæpè intercidit! Εὕρηκα tandem hominem! Contumeliis ab iis, quibus maximè sententia ejus immortalis serviebat, assiduè insectatus;—in clientelâ et in re pecuniariâ multùm ex eâdem causâ imminutus;—amentiæ etiam, quia totâ non errabat viâ, accusatus, nunquam vitæ innocentiam amisit, sed benevolentiam constantiæ suæ adæquari et pari passu incedere usque ad finem curavit. Principibus viris placuisse, jure morum, ingenii, doctrinæ, ei præ cæteris contigit; sed horum favor ultima ejus laus erat. Quàmvis parvolus, non parasitaster, nullis divitum liminibus vel cœnaculis, ad clientelam intentus, insedit.

Regis archiater, philosophus evasit.

Ad risus aulicorum, ad blanditias muliercularum exquisitarum suscitandas nunquam se instruxit. Neque chirurgorum, neque obstetricorum, nec pharmacopolarum favori inserviit, quò ex alicujus subdoli vel ambitiosi amplitudine præsidia et adjumenta sibi conciliaret. Nempè Harveio, Anglo, medico, philosopho, servitus omnium malorum postremum erat.

Ex ineptiis, nummatione, arrogantiâ, servilitate, hujusce ævi nostri, quàm jucundum, quàm utile,—immò etiam nobis medicis quàm necessarium, quemque aliquando se abstrahere et quasi renovare, mores et vitam per alicujus viri Harveiani, vel, ut nunc, ipsius Harveii recordationem contemplando.

Necnon in viris temporis acti principibus eadem est ratio laudis falsæ ac veræ, eadem infrequentia singularis in singularibus virtutis. Profectò, veteris illius Angliæ fastos perlegentibus quàm mirum nobis incidit, ut hæc patria nostra adhuc superstes manet!

Delirant reges, perfidi, truculenti,—furit plebs, rauca, varia, immanis. Inter imperatores,—magistratus,—sacerdotes,—senatores,—inter omnes officiis publicis fungentes, quanta fraus! quæ insidiæ! in amore sui, quæ pertinacia!—pietatis in Deum simulatio quàm sordida! Heu! etiam quæ sævitia!—flagitia quàm immania et varia!—quotuplex infamiæ species!

Confer Harveium nostrum, philosophum, amicum, amantem, octogenarium,—omni officio vel civis vel medici perfunctum,—tranquillam vitam degentem, de die in diem omnibus suis cariorem,—e marmore, inter compares suos, etiam manente spiritu, constitutum; confer illum nostrum medicum, quàmvis nullo titulo, nedum equestris ordinis, insignitum, cum illo Verulamio prænobili, in omni doctrinæ genere præclaro, summi magistratûs officiis perfuncto, regi et principibus necessario,—imminente autem senio, abjecto, contempto, debilitato, conscientiâ suâ convicto, ignominias, quales nemini antea contigerant, ob flagitia sua, se meritum esse confitente. "Homini homo," philosopho philosophus, "quid præstat!"

Respicite etiam illum alterum Harveio temporis consortem, Cokium Edvardum, summi ingenii causidicum, summâ potestate judiciali præditum,—ejus avaritiam, inhumanitatem, sævitiam, servilitatem; quibus quid acrius, tetrius, libero homine indignius dici vel excogitari potest! Quæ causa est, Socii,—quomodo fit, cùm Harveii et horum duorum

temporis ei consortium fama, quàmvis in diverso genere, sit summa et æqualis,—quòd medicus à causidicis tantùm verâ laude et existimatione apud posteros distet.

Hi duo, et unus et alter, ambitione et cupiditate excordes erant. Ille noster, affectus lenes simul cum ingenio excolens, in omni quod volebat, studebat, agebat, cordis et sanguinis humani rationem semper adhibuit.

Est, sit Deo laus, est adhuc quod redundat in gente nostrâ Harveiani ingenii, judicii, morum, et fidei, quæ mole suâ singulorum protervitates comprimit, pravas ambitiones adumbrat, rem publicam contra audaciam virorum ejus principum singularium defendit, et hanc Angliam nostram, qualis et quanta sit, efficit et conservat!

Depascatur animo is cui curæ est virtutem Anglicam contemplari, Harveii vitam et mores, necnon illi temporum consortis Hampdeni, patriæ servatoris,—et nobilis illius Falklandi, ob horrorem belli civilis animam suam libenter effundentis.

Hæc enim est virorum indoles illa Anglica, integra, mera et vera, solo nostro indigena, constans, gravis, animosa, Wellingtoniana, ex quâ respublica nostra, inter gentium cæterarum damna et excidia, vires et incrementa capit. Hæc est ea inter nos vis opinionis publicæ, quæ potiùs ex multitudinis in omne paratæ inertiâ quàm ex ordinis vel principis cujusvis industriâ, conficitur.

Ex iis, quibus respote multis nullum tempus suppeditat, quæ de nostro dilecto adhuc dicenda restant, hoc saltem unum, Socii, si nullum præter hoc, accipite, quæso, verbum. Terræ hujusce Anglicæ, immò etiam Londinensis, solum, quod nos incedimus, consors temporis, loci, cœli, fortasse etiam sententiæ et colloquii, ἡμίθεος ille Shakespeare unà cum Harveio per longos annos incessit. De motu cordis, de sanguinis circuitu sententiam, ab Harveio medico, arte, experientiâ, præceptis, doctrinâ, mox in omne ævum confirmandam, quot miris modis ille poëta dramaticus, naturâ ipsâ validus, et mentis viribus excitatus, et quasi divino quodam spiritu inflatus, ut ex imo corde et a sanguine ipso audientium sentiretur, expressit, et ante ora hominum ex scenâ per actionem præfiguravit!

Nec lateat vos, Præses et Socii, in annum proximum prospicientes, in hanc arcem gentium, in hoc domicilium clarissimi imperii Britannici, ex omnibus terræ regionibus homines longinquos et alienigenas ad festum solenne artium et scientiæ celebrandum jam diu accersitos esse,—immò, se et sua jamdudum ad iter accingi.

Laus et honor Principi illi generoso et illustrissimo, cui primo in mentem venit, ut familiam gentis gnavæ et industriæ universam per totum terræ orbem dispersam, pro unâ saltem vice, Britannia materfamilias in hanc domum suam communem fraternè convenire juberet. "Felices certè artes, cùm virorum in republicâ principum ingeniis excoluntur!"

Hasce ædes nostras, hanc domum Harveii, advenæ isti medici certè visuri, sive Gallici, sive Germanici, e Columbiâ trans æquor Atlanticum Anglo-Germanici, sive ab oris Russicis Sclavonici,—liberi, servi, sive libertini, Collegium hoc nostrum medicorum Londinensium, neque urbe Londinensi, neque imperio Britannico indignum esse libenter fateantur! Divitiæ pathologicæ, a Bailliæo apud nos repositæ,—picturæ,

busta, supellex omnis,—tabellæ istæ præsertim anatomicæ ab Harveio ipso, Paduæ, ut dicunt, elaboratæ, et nuper a nostro Sedgvickio partim restitutæ,—omnia sint in promptu, et ad lustrandum parata. An dubium est, quin hic ordo noster in urbe Londinensi medicinæ doctorum, se in occursum hospitum, fratrum et sodalium, sedulò accingere debeat? Solertes, artis medicæ dignitati intentos, amicos præsertim inter nosmetipsos et amantes, advenæ medici nos ultrò agnoscant. Pro cognitione et hospitio, quibus conveniat, in epulas solennes vocentur,—immò etiam quidem, ob ætatem, experientiam, et mores eximios in hanc societatem nostram honorificè recipiantur.

An decet? Nonne constat? Ah! desine, qui veræ laudis amantes nos sic lactares, et falsâ spe produceres! Cùm tantis injuriis, tam crebris repulsis, tam usitatâ neglectione ab iis qui imperium exercent in foro imminuimur,—cùm pro vitâ nostrâ etiam adversus nostros de die in diem dimicandum est,—anne in officia humana et liberalia, honoris erga exteros causâ, hoc proximo anno vacare poterimus!

Præterea, vectigalia desunt. Etiam ad festum hoc hodierno die ab Harveio inter socios præscriptum, non suppetit res. Laus et honor impransis! Teneatis risum! honesta est paupertas! In ratione morbi Asiatici, pro salute communi, exquirendâ, omne quod nostri in promptu erat jamdudum est impensum! In seria, in rem veram, redeamus!

Ut de summâ Collegii hujusce nostri, ut de salute et vitæ ratione omnium nostrûm in his diebus agitur, quis, re verâ medicus, se inscium profiteri potest? Fides, reverentia, auctoritas, existimatio, medicinæ haud, ut antea, incedunt comites. Eruditio, artium liberalium amor et studium, literarum decor ille sine pretio æstimandus, inter practicos et nummatos pro nihilo habentur. Caremus foro, caremus curiâ, caremus publico. Publico carentes, nulli et nuspiam sumus! Nimiùm, nimiùm diu, Socii, aciem auctoritatis nostræ hebescere nos patimur.

Quare quasi ex somno nos invicem excutiamus, et expergefacti provideamus, "ne longiùs populo, fratribus, nobismet ipsis deesse videamur, ne præ ignaviâ et socordiâ diutiùs circumspectantes omnia, quidquid increpuisset pertimescentes, diffidentes nostris rebus, sine voce, sine libertate, sine auctoritate, aliquando abjecti, contempti a cæteris, a nobismet ipsis desperati et relicti fuerimus."

Ut in religione, sic in Medicinâ, quæ duæ in omnibus sæculis habent commune quoddam vinculum, et quasi cognatione quâdam inter se continentur;—ut in rebus sacris, sic in rebus medicis, experrecta tandem virtus illa antiqua Anglica in pristinam auctoritatem suam se suo jure vindicet.

Contra has violentias, contemptiones, repulsas, quibus noster ordo jamdiù affligitur, quæ vires opponendæ, quibus armis contendendum? Auctoritatem nostram ad potestatem pristinam recuperandam privilegiis et judiciis in futurum amplificandam esse, nemo sibi in propositum adsciscatur. Neque diplomata passim in provincias mittendo, nec pocula, collatis medicinæ forensis auctoribus, præmium, e testamento medici insani porcini adjudicando;—nec diplomati nostro ad licentiam in urbe practicandi concesso titulum in medicinâ doctoratûs supponendo;—neque chirurgos in nostra consilia de rebus nostris propriis accersendo,—(eos chirurgos *haud impuros* respicio, nostræ conditionis æmulos,

atqui nostram medicinam haud *purè* agentes;)—neque quartum id genus, mistum, varium, turbulentum sollicitando;—nullis ejusmodi rationibus nobis ad salutem via reperienda est. Ad defendendum omne quod ab Harveio et aliis nostrûm benefactoribus tantâ gloriâ recepimus (quod non tueri et conservare posse esse turpissimum,) semper nobis persuasum sit, Collegium hoc nostrum ad morbos curandos, ad hoc opus, diplomate regio institutum fuisse;—ad hanc salutis publicæ glebam in perpetuum lege publicâ nos esse adscriptos;—porrò etiam sit semper nobis in præsenti, nostram hanc communitatem medicorum Londinensium omnes alios medicos, omnes ejusdem facultatis homines virtute suâ in se continere.

Medicinam operosè et in foro agere,—ducere potiùs quàm sequi, quâcunque incedimus ad medicinæ disciplinam viâ,—hæc sunt juris nostri et officii; his prætermissis, tabescimus et perdimur.

Quinetiam benevolentiâ et caritate civium universorum, ad bene et viriliter agendum, nos septos esse oportet;—neque id nos celari, quòd non minùs opinione famæ, quàm aliquâ certâ ratione in re medicâ vulgus commovetur; quòd non in tabellis paucorum judicum, sed in sententiis omnium civium fama nostra et fortuna repositæ pendent.

Talia cogitanti, et ex hisce cogitationibus in annum proximum prospicienti, quanta, et quàm subita, mihi lux oboritur!

Diploma regium, de novo nobis concessum, en domi tandem recipimus!

Quæ hæc est turba comitantium? Pateant portæ!—In limine sit Præses!—Assurgite Socii!—Victoria ipsa ingreditur fores!

Salve Regina!—Regina nostra, ter, terque ter, atque iterùm, salve!

Dilapsa hæc domus nostra, et sine te caduca, te receptâ, in fortunam recipitur suam!

Collegii nostri, diplomate regio (faustè sit dictum!) jam tandem post longa æva renovandi, et fructus suos in salutem publicam de novo reddituri, ad quem primitias deferre præstat, quàm ad illum, qui, amoris et consilii particeps, amore et consilio imperii consors, quotidianis precibus, parens et maritus, in thalamo regio instauratur;—ad illum Albertum, quem inter nostros, præ cæteris, Principem omnes libenter agnoscimus.

Accede, Princeps, ad dexteram Præsidis nostri, in sellam honoris et gratiæ causâ tibi soli præpositam. Comitiis nostris, socius inter socios, civis inter cives saluti publicæ consulentes, prout libeat, subinde intersis;—institutis nostris si qua bona fuerint, in auxilium venias,—concionibus ob beneficia recepta solenniter, ut nunc, habitis, auctoritatem regiam impertiri ne fastidias.

Eorum, qui, diplomatis regii Tudorii jure, pro Harveio nostro oratores exstiterunt, alter et ultimus ego Wilsonus, ad subsellia e rostro jam descensurus, fausta omnia, pro hâc vice cordis et sententiæ uniuscujusque Socii interpres, in Collegium nostrum haud irreverenter, et quasi flexis genibus imprecor.

Sit domus hæc nostra, cùm universis publica, tum singulis ut sua! Domûs dominam scientiam lenitas et indulgentia morum, ancillæ comitentur! Scientia sit vera, severa, fervida, constans, operosa, studiis humanioribus haud arroganter, sed penitùs imbuta!

"Instituti rebus optimis non poetarum voce commoveamur!" Hæc

studia enim medici Harveiani "adolescentiam alunt, senectutem oblectant, secundas res ornant, adversis perfugium et solatium præbent, delectant domi, non impediunt foris, pernoctant nobiscum, peregrinantur, rusticantur."

In nostrâ republicâ, quod verum est, sit pro re,—pro imperio, religio veri,—pro lege supremâ, populi salus! Sit unitas in communitate,—in communitate unitas!

Ad hæc tuenda et conservanda sit nullum inter nos jusjurandum!—si ullum, in verba hæc; "Experientia!—Amor!—Amicitia!" verba ipsius Harveii,—verba omnium ætatum, temporum, locorum!—Leges, mores, etiam diplomata regia, humana omnia mutantur. Amor et amicitia a Deo sunt, et manent.

Veniam date!

BIBLIOGRAPHICAL RECORD.

The Unity of Nature. By Charles Bland Radcliffe, M.B., Lecturer on Vegetable Physiology and Botany at the Westminster Hospital, etc. pp. 150. London: 1850.

It is not difficult for the educated mind to perceive a wonderful simplicity and a complete uniformity of plan, amidst the numerous and apparently complicated works of creation. The notion of the Unity of the Godhead, as it is inculcated in the Sacred Volume, is corroborated in every particular by the researches of science. The objects composing the animal, the vegetable, and the mineral kingdoms, appear to the careless or superficial observer to consist of a multitude of forms, capriciously varied in a thousand ways, and bound together by no common tie: but to the student who penetrates beneath the surface, who investigates nature in her inmost recesses, who traces her footsteps by the aid of the microscope, the scalpel, the crucible, the blow-pipe, and the test-tube, the chaotic elements arrange themselves into definite order, confusion gives way to system, and the apparent discord melts into harmony. The beings which compose the material world are found to compose the numerous and varied links of a continuous chain, which extends from man to the monad, from the mountain to the grain of sand, from the forest-oak to the fucus on the sea-shore.

The present work exhibits, in a short and comprehensive form, a view of the Unity of Nature; and, in the execution of his task, the author has reflected the highest credit on himself as a scholar and a philosopher. He has not allowed himself to be led away into the nebular region of false analogies, loose reasonings, and forced comparisons, into which many, pursuing the same fascinating theme as himself, have permitted themselves to be betrayed; but he has followed, throughout, the path of sound and cautious induction, and his conclusions, therefore, are for the most part just and well-founded.

The author first considers the Unity of Form displayed in the Animal and Vegetable Kingdoms; and he gives a very good abstract of vegetable morphology, the first development of which he justly attributes to the poet Göthe. He shews the identity of the cotyledon with the leaf; of the latter organ with the sepal and the petal; of the petal with the stamen and with the carpel; thus proving, that the leaf is in fact the type of all the other organs of the plant. The ovules, again, are shewn to be leaf-buds analogous to those which appear on the edges of the leaf in malaxis paludosa, bryophyllum calycinum, etc.; and the leaf-bud is the analogue of the flower-bud; and the flower with its envelopes is therefore composed of several whorls of metamorphosed leaves arranged around a common axis. The leaf is also shewn to be analogous to the tendril and to the root. As an instance of Unity of Form in the Animal Kingdom, he adduces the instance of the common prawn, in which there is a series of appendages, some developed into prehensile limbs, some into locomotive organs; but these parts in the cephalic and caudal regions become converted, in the former, into the oral and manducatory apparatus and into the antennæ and eyes, and, in the latter, into the rudimentary false legs to which, sometimes, the eggs are appended. From this humble crustacean, the author ascends to the other and more highly developed forms of being; and from the appendages of the prawn are derived the legs and wings of insects, the fins of fishes, and the hands of man. Ascending from the separate parts to the whole, it is next shewn that the stem of plants is only a highly developed leaf or assemblage of leaves, and, like those organs, capable of producing buds upon its surface; and the analogy of the stem with the root is completely established by the vicarious functions occasionally performed by those organs, and by the ex-

istence of structures intermediate in position and office between stems and roots, such as tubers and rhizomes. In like manner it is shewn, that the body of the animal is to be considered as a series of its organs. In the lobster, the caudal part of the body is an instrument of motion; the posterior part of the scorpion becomes a slender poison-spiked tail; the caudal prolongation in some of the vertebrata becomes an organ of swimming, in others of prehension, or of support. In the cephalic region, the suctorial disc of the leech is the analogue of a limb, and the anterior prolongation of the cephalic axis is seen in the sucker of the lamprey, the weapon of the sword-fish, the snout of the gavial, the bill of the swan, and the proboscis of the elephant.

The visceral region of the bodies of animals is now considered in another point of view, and the whole series of animal forms are divided into the *vertebrate* and the *annellose* type, in the first of which the skeleton is internal, in the latter external. But in some cases, the characters of both become blended together, as in some of the cephalopoda, where the skeleton is both external and internal; and in the chelonian reptiles, where, although the type is vertebrate, yet the annellose form is traced in the external bony investment of the body.

The animal and vegetable are shewn to resemble one another in many important and striking particulars; and the following passage, although perhaps too fanciful for the severity of philosophical induction, deserves to be quoted as a favourable instance of the author's style:—

"The unity of creative design in animal and vegetable forms is not obscurely revealed in nature. In the orchidean family, the transition to the animal character is very marked—roots hang loose and free, as careless to infix themselves in the earth, and animal-like flowers tremble in the breeze as if about to escape from the stem which imprisons them. The peristeria elata, or dove plant, a form in which the flower is the perfect image of a dove with outspread wings embosomed in a rose-like crown of white sepals, is, indeed, the symbol of the communion of the plant with the higher members of the animal kingdom—the embodiment, in a visible form, of the dream which inspired the song of Ovid in former days. In the mantis siccifolia, or the walking-leaf, on the other hand, the wings and the wing-like legs so closely resemble leaves and petals in colour and venation, that the insect seems an emancipated orchis flower. And other animals are equally suggestive of the memories of the orchideæ: thus in the balanoids, or acorn-like cirripedes, the shells are arranged in a flower-like whorl: the crustacean animal lies within this whorl, as the dove within the flower of the peristeria elata, and the entire animal is connected with the earth by a peduncle, or root."

We regret that our space will not allow us to follow our author farther in his very interesting reasonings and illustrations; and we lay down the little volume with the same feeling of regret, as one would feel on parting with an agreeable and intelligent friend. The tone of the work is excellent; the knowledge of comparative anatomy and botany which it displays, is accurate and extensive; the language is elegant, sometimes almost soaring into poetry; and a deep sentiment of religion gracefully pervades the whole.

PATHOLOGICAL RESEARCHES ON DEATH FROM SUFFOCATION AND FROM SYNCOPE, AND ON VITAL AND POST-MORTEM BURNING. By SAMUEL WRIGHT, M.D., Professor of Clinical Medicine in Queen's College, Birmingham. pp. 34. London: 1850.

These researches, which are highly interesting in a medico-legal point of view, were suggested by a suspicious death at Bridgnorth, under circumstances of peculiar obscurity. The deceased had been in her usual good health three or four hours previously to the discovery of her remains, and the body exhibited the marks of severe burning. The *post-mortem* examination revealed congestion of the brain, excessive congestion of the lungs, and

engorgement of the right cavities of the heart with black semi-coagulated blood. Dr. Wright, who was called to give evidence on behalf of the crown, expressed his belief, that the woman had died of suffocation, and that the burning was *post-mortem*.

This little work is divided into Six Sections, in the first of which the author notices the Morbid Appearances after Death from Suffocation; and he comes to the conclusion, that they consist of fulness of the vessels of the brain, congestion of the lungs, and complete engorgement of the right cavities of the heart; and that, of all these conditions, the last is the most constant and obvious. Dr. Wright also states his conviction, founded upon experiments and numerous observations, that the appearances just alluded to are the constant results of death from suffocation, and that they cannot, indeed, when they occur together, be attributed to any other cause.

In the next section, the author considers the question, whether poisoning by the gaseous products of combustion leaves morbid appearances resembling those occasioned by suffocation? and he comes to the conclusion, that although they are similar, they are by no means identical. The following were found by the author as the principal appearances after death by carburetted hydrogen: the cavities of the heart filled with bright red blood; lungs slightly collapsed, and marked with red and whitish patches; trachea and bronchi containing a little frothy mucus; brain, pinkish upon its surface, and its vessels moderately filled with florid blood. In poisoning by carbonic acid, the brain is most implicated; in suffocation, the heart and lungs are the chief organs affected. Carbonic acid owes its poisonous properties in great measure to its sedative action, and in some of the cases noticed, of poisoning by this gas, the cavities of the heart were found empty. There is therefore a broad distinction between suffocation and poisoning by the gaseous products of combustion; although upon this point the author refrains from expressing an absolute opinion.

In the next section, the author considers the mode in which sudden death occurs from burning, and he concludes that the fatal result in such cases is due to syncope; and that, when internal congestions exist, they are observed in cases where the patient has survived for some time. Dr. Wright considers, and, we think, justly, that the *instantaneous* production of congestion in the capillary and other vessels of an organ, is a physical as well as a physiological impossibility. Several cases of fatal syncope are then recorded, in all of which the heart was empty.

In the fourth section it is asked,—How are the internal organs affected by sudden and permanent collapse of the superficial vessels? The answer given is, that the result in such cases is the undue filling of the deep-seated organs *with blood more florid than that which they usually contain*. In a case where death had taken place twenty minutes after a severe burn, Dr. Wright found all the large internal veins and sinuses of the brain full of bright red blood; the lungs were almost scarlet, but scarcely turgid enough to be called congested; the mucous membrane of the trachea, bronchi, stomach, and intestines, was extensively marked with patches of redness and with florid capillary vessels, and the liver was engorged with blood much brighter than usual. The same results were obtained in an experiment performed upon a rabbit, killed by a smart blow upon the back of its head, and then thrown upon a bright fire, and burnt for half a minute.

In the fifth section it is shown, that burning, during life, *in a healthy subject*, is never unattended with marks of redness; and that, when such marks are absent, the patient has been diseased. It is shown, that in a *morbid* or *depressed* condition of the system, it is impossible to produce redness in the skin by the actual cautery, by boiling, by strong mineral acids, by hot turpentine, or by aqua ammoniæ.

In the last section, the author discusses the question, whether a blister can be produced by post-mortem burning? This effect appears to depend

upon the mode of death, and the period which has elapsed since death; but it seems to be proved, that such a result may ensue under certain conditions. Dr. Wright has succeeded, after many trials, in producing a post-mortem blister by means of a spirit-lamp, which he considers the best agent for the purpose, as it is clean, and may be regulated at will. He made two experiments upon the body of a female, thirty years of age, who died suffocated from acute congestion of the lungs. "*Three hours and a half after death*, when the body was quite warm, and the joints flexible, the flame of a spirit-lamp was applied to the lower and back part of the left leg, and to the lower and anterior part of the left thigh. After the lapse of an hour, blisters had arisen, filled with serum of a pale straw-colour, and readily coagulable by heat. But neither around nor beneath these blisters, was there the least shade of redness." In the second experiment, made *ten hours after death*, when the body had become rigid and cold, flame was again applied, and the application was repeated at the end of *fifteen* and *twenty hours*. In each instance, only a gaseous blister was produced.

Dr. Wright therefore considers, that *sudden death* by burning is caused by syncope and emptiness of the cavities of the heart, not by congestion of the internal organs and by suffocation; and that if a person be *just suffocated* and then *thrown upon a fire*, it is quite possible to produce such vesications as may somewhat resemble those produced by burning during life; although he points out the distinctions which may be drawn between the two conditions.

On the whole, this little work contains a great quantity of original and useful matter, and it will undoubtedly add to the well-earned reputation of the accomplished author.

THE CAUSES, SYMPTOMS, AND TREATMENT OF ECCENTRIC NERVOUS AFFECTIONS. By W. S. ANDERSON, F.R.C.S. Post 8vo., pp. 199. London: 1850.

The subjects embraced in this little book are numerous and important, comprising all those many disorders of the nervous system, which depend upon other causes than absolute disease or injury of the central organs, the brain, and spinal cord. This is a large field, and one which, for its successful exploration, demands not only a considerable amount of personal experience, but also the power of tracing out indications of common origin, that lie hidden beneath the surface, analogies and differences which are not perceptible at first sight, nor to be found without diligent search and clear-sighted philosophical investigation. Mr. Anderson has not attempted anything of this kind. He has chosen the easier and more common path; and therefore, while presenting us with a very fair sketch of the external phenomena of the disease in question, and describing and enforcing rules of treatment which are quite established and perfectly judicious, he has not added anything new to our stock of knowledge.

The work is divided into six chapters. The first is anatomical, and should have been left unprinted. It is a great mistake to suppose, that such necessarily meagre accounts can add to the value of any book. To those who know anything of anatomy and physiology, they are altogether needless; to any readers who might be previously ignorant of the subjects, they would be worse than useless.

In the second chapter, we are presented with the differences between centric and eccentric nervous affections; a difference illustrated by two cases, one of fungoid tumour in the right cerebral hemisphere, the other of chest disease and fever. We might take exception to the latter case, as not falling correctly under the class of eccentric diseases, as defined by Mr. Anderson himself; for it can scarcely be affirmed, that the nervous symptoms were induced "by direct irritation, either of the peripheral extremities of nerves, or of the nervous trunks themselves, connected with the cerebro-spinal system." They were probably toxæmic phenomena, dependent on the morbid

blood irregularly and abnormally stimulating the central organs, brain, and cord. But on this, we do not insist. Mr. Anderson then speaks of the effects of mental emotion; illustrates the fact that poisons may be received from extraneous sources, or generated in the system itself, and that in both ways the nervous system is affected secondarily; and then narrates some experiments devised to show the difference between reflex action and the motions of irritability.

The third chapter treats of hysteria, chorea, and hypochondriasis. The fourth is devoted to epilepsy. In the fifth, collapse, delirium traumaticum, and tetanus, come under review. And in the sixth, we have the nervous diseases which are especially dependent upon a poisoned state of the blood, among which are enumerated delirium tremens and hydrophobia.

De Colica Scortorum Disquisitio. Autore Martino Hassing, Dr. Med., Medico Secundario Nosocomii Communis et Legionis Civilis Havniensis, Regiæ Societatis Medicæ Havniensis Socio. pp. 100. Havniæ: 1848.

This dissertation contains the history of ninety-two cases treated in the Hospital of Copenhagen. The patients were all prostitutes; and the author considers that the disease, under which they laboured, originated almost entirely from the peculiar mode of life adopted by the class to which these persons belonged. He supports his views by some anatomical and physiological reasoning, and also by the fact, that some of the patients had repeatedly suffered from the disease while pursuing their avocations, while, on marrying and becoming orderly in their life and conduct, the complaint entirely left them. The affection appears, from the author's account, to differ little from ordinary colic: and it yields to ordinary remedies. It does not seem to be a fatal or even a very dangerous disease, as none of the patients died. The author is inclined to attribute it to the irritation of the sexual organs, and to the connexion between those organs and the colon, through the medium of the sympathetic system. We hardly think that the author has succeeded in establishing the existence of a distinct form of disease; but we must do him the justice to say, that his Thesis is written in classical language, that it offers a good example of medical reasoning, and that the treatment recommended is judicious.

Memoir on the Influence of Hypertrophy and Dilatation on Diseases of the Heart, and on some points in their Diagnosis and Treatment. By A. Halliday Douglas, M.D., Fellow of the Royal College of Physicians, Edinburgh, Physician to the Royal Infirmary, Lecturer on Clinical Medicine, etc. pp. 49. Edinburgh: 1850.

This is a very valuable contribution to clinical medicine, because it contains the history of several cases of interest recorded with care. We confess, however, that we do not understand the meaning of the title prefixed to the work, namely, "the Influence of Hypertrophy and Dilatation on Diseases of the Heart." Surely Hypertrophy and Dilatation *are* Diseases of the Heart; and therefore the meaning must be, that Hypertrophy and Dilatation influence themselves. But we are the more astonished at the title, when we read in the first page that "Hypertrophy and Dilatation of the Heart have been long and justly regarded as conditions *secondary in their nature*, and depending on some obstruction to the circulation. They may arise from causes widely different from each other: but the most usual, as well as the most important, are the organic affections of the heart, and few of these exist without more or less hypertrophy or dilatation." Here again, there is another ambiguity of expression; for hypertrophy and dilatation are said to arise as "complications of the organic diseases of the heart," although we should imagine that both hypertrophy and dilatation are themselves organic diseases

of the heart. We strongly recommend the author to alter the title of his work, which in many respects merits commendation ; and to revise his pathological reasonings.

In the first section of the work, the author relates the history of four cases of hypertrophy with dilatation, which diseases he considers, and we think justly, to accompany each other in the great majority of cases. Death ensued in all the cases, and the post-mortem appearances are given in three. The author considers that the application of leeches to the scrobiculus cordis is beneficial in this form of cardiac disease. He also gives it as his opinion, that *hypertrophy* acts temporarily, and causes local effects upon some distant organ, such as the brain, producing apoplexy ; and that *dilatation* causes more permanent effects on the entire system, through the impeded circulation.

In the second section, we have the account of four cases of aneurism of the heart, all of which were associated with hypertrophy and dilatation of the organ. The diagnosis of the aneurism was of course obscure during life, owing partly to the uncertainty which hangs over this lesion of the heart, and partly to the complications existing in the cases recorded. The author does not consider that he has elucidated the diagnosis of this disease, and of course all treatment must be unavailing ; but the cases are interesting, and are well recorded.

The rest of the work is devoted to the consideration of contraction and incompetence of the valves : the three first cases were all attended with hypertrophy and dilatation, and all terminated fatally. The author then gives the leading facts of sixteen cases of valvular disease ; of whom *three* were known to be alive at the time of the report, but were suffering from the usual symptoms characterizing obstructed circulation through the heart, *three* were lost sight of, and *ten* were known to have proved fatal.

The author concludes his work by giving a series of cases of incompetence of the valves, in which those structures, although not seriously diseased, were nevertheless unable to perform their proper function. These cases are considered by him to be the more dangerous in proportion as they are complicated with hypertrophy and dilatation ; and indeed he believes that valvular incompetence, or in other words, that condition which produces regurgitation, is not generally of itself productive of an obstructed circulation, even though the disease may have been of considerable standing.

We may close our notice of this little work, by repeating what we have said before, that although the cases recorded form a very valuable addition to our clinical knowledge of diseases of the heart, yet the remarks of the author are often loose, ambiguous, and even, sometimes, contradictory. Had Dr. Douglas bestowed as much pains upon his commentaries as upon his cases, his memoir would have claimed a very high meed of praise.

A Much Less Painful and More Scientific Method of Extracting Teeth. By Henry Gilbert, Esq., Surgeon-Dentist. Third Edition. pp. 24. London : 1850.

Mr. Gilbert's method possesses many and obvious advantages. The instrument is used independently of the gums, teeth, or jaw, and the teeth are extracted *perpendicularly*, or in the line of their axis.

CLASSIFIED CATALOGUE OF THE PAPERS WHICH HAVE APPEARED IN THE BRITISH AND FOREIGN MEDICAL PERIODICALS FROM JANUARY 1849.

CHAPTER II.

SURGERY. BRITISH AND AMERICAN JOURNALS, FROM JANUARY 1849 TO JUNE 1850. BY ALEXANDER HENRY, M.D.

The following is a list of the Periodicals, with the abbreviations used in referring to them :—

London Journal of Medicine	Lond. Journ. of Med.
Medico-Chirurgical Transactions	Med.-Chir. Trans.
Guy's Hospital Reports	Guy's Hosp. Rep.
Lancet	Lancet.
Medical Gazette	Med. Gaz.
Medical Times	Med. Times.
Provincial Medical and Surgical Journal ...	Prov. M. and S. Journ.
Edinburgh Medical and Surgical Journal ...	Edin. Med. and Surg. J.
Monthly Journal of Medical Science	Edin. Month. Journ.
Dublin Quarterly Journal	Dub. Quart. J.
Dublin Medical Press	Dub. Med. P.
American Journal of Medical Science	Amer. Journ. of Med. Sc.
Philadelphia Medical Examiner	Phil. Med. Ex.
Transactions of American Medical Association.	Amer. Trans.

GENERAL SURGICAL PATHOLOGY AND PRACTICE.

REPAIR and Reproduction after Injuries, Course of Lectures on, delivered at the Royal College of Surgeons of England. PAGET (James). Med. Gaz., 1849, vol. xliii, pp. 1013 and 1064; vol. xliv, pp. 27, 70, 116, and 133; also Med. Times, 1849, vol. xix, pp. 654, 671; vol. xx. pp. 21, 67, 173, 212. Lecture on. HUMPHRY (G.M.) Prov. M. and S. Journ., July 25, 1849, p. 393.

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CRITICAL DIGEST OF THE BRITISH AND FOREIGN MEDICAL JOURNALS.

ANATOMY AND PHYSIOLOGY.

ON THE STRUCTURE OF THE MEMBRANA TYMPANI IN THE HUMAN EAR.

Mr. Joseph Toynbee, in a paper, read at the Royal Society on the 20th June, describes the Membrana Tympani as consisting of the following layers, quite distinct from each other, both as regards their structure and functions.

1. Epidermis.
2. The proper fibrous layer, composed of
   a. The lamina of radiating fibres.
   b. The lamina of circular fibres.
3. Mucous Membrane.

One of the principal objects of the paper is to describe the structure and functions of the fibrous laminæ. Since the time of Sir Everard Home, who pronounced the layer of radiating fibres to be muscular, anatomists have differed in their views of the nature of the fibrous element of the Membrana Tympani. The lamina of radiating fibres, the outer surface of which is covered by the epidermis, is continuous with the periosteum of the external meatus. With the exception of the uppermost fibres, which, on account of their being somewhat flaccid, have been considered as a separate tissue, under the name of "membrana flaccida", the radiate layer is composed of fibres which extend from the circular cartilaginous ring to the malleus, and they interlace in their course. These fibres are from the 4000th to the 5000th parts of an inch in breadth.

The lamina of circular fibres consists of fibres, which are firm and strong towards the circumference, but very attenuated towards the centre. These fibres are so attached and arranged, as to form a layer of membrane which, in a quiescent state, is saucer-shaped. The fibres composing the circular are smaller than those of the radiate lamina, being from the 6000th to the 10000th part of an inch in breadth.

The facts that appear to be adverse to the idea of the fibres of either layer being muscular are :—

1. The absence of distinct nuclei in the fibres.
2. Their great denseness and hardness.

The four laminæ forming the Membrana Tympani are continuous with the other structures, of which they appear to be mere modifications, and not one is proper to the organ.

The tensor tympani ligament, which had not been previously noticed by anatomists, is particularly described by Mr. Toynbee in the paper read before the Royal Society. It is attached externally to the malleus, close to the insertion of the tensor tympani muscle, and internally to the cochleariform process.

The latter part of the paper is occupied by observations on the functions of the fibrous laminæ, and of the tensor ligament of the Membrana Tympani; and it is shown that by these two antagonistic forces, the one tending to draw the Membrana Tympani outwards, the other inwards, this organ is maintained in a state of moderate tension, and is always in a condition to receive ordinary sonorous undulations.

PRACTICE OF MEDICINE AND PATHOLOGY.

DR. BEGBIE ON ERYTHEMA NODOSUM, AND ITS CONNEXION WITH THE RHEUMATIC DIATHESIS.

It is wisely remarked by Dr. Gooch, in his admirable essay "On some Symptoms in Children erroneously attributed to Congestion of the Brain", that "in observing disease, two sets of symptoms may be noticed, which are mixed together in the case, but which require to be discriminated to form a correct opinion of it. The one consists of the striking symptoms which form what may be called the physiognomy of the disease; the other consists of those symptoms which indicate the morbid state of organisation, on which the disease depends. The former only are noticed by the common observer; but the latter are the most important, and the skilful physician takes them for his guides in the treatment." "He notices not only where the hour hand of nature's clock points, but also the run of its minute and second hands."[1]

These judicious reflections apply with marked propriety to many diseases of the skin, and perhaps to none more than to that singular affection, a short notice of which I now offer to the Society.

The variety of *Erythema*, to which the term *nodosum* has been applied by systematic writers, is characterized by red elevated patches, of an oval form, varying in size from an inch to an inch and a half in length, by half an inch or more in breadth, their long diameter being uniformly parallel to the axis of the limb on which the eruption appears; and this part is generally the anterior of the legs, or shin as it is called, over which, I have observed that the patches are distributed with symmetrical regularity; occasionally, also, but more rarely, they appear on the forearms. I have never seen them on any other part of the body. The affection occurs most commonly in young women; but it is not limited to them, as some authors suppose, but is observed in young men, and in children of both sexes. The eruption is preceded and accompanied by more or less febrile disturbance, by moist furred tongue, deranged bowels, and scanty high-coloured urine; often by pains in the joints and muscles, and always, when severe, by feelings of depression and great disorder. The patches continue for some days to rise above the level of the surrounding skin, becoming more elevated towards the centre, and forming painful bumps or protuberances, which appear, when pressed on by the finger, to offer a fluctuation, and promise a suppuration, which never, however, takes place. With the resolution, the red colour fades, and is succeeded by a bluish or dusky hue, resembling somewhat the appearance of a bruise; the tumefactions soften and disappear, the general indisposition subsides, and the case usually runs its course in ten or fifteen days. In some instances, however, the protuberances have continued hard and painful for a longer time; and the blue discolorations have lasted several weeks. The disease is apt to recur, and its premature retrocession, or natural decline, have been noticed as the period of the invasion of serious internal disease.

Such is a general description (as given by authors, and verified by observation) of a malady, which by many is considered more curious and rare than interesting and instructive; to whose history little or no importance has been attached by most of the recognized authorities on cutaneous diseases; whose associations with marked disordered function and morbid action have been nearly overlooked, and a knowledge of whose real character is only beginning to be developed, by the steady advance of an enlightened humoral pathology.

In illustration of the form in which the disease occurs in practice, I offer a passing notice of two cases, the last which have come under my observation.

[1] Gooch's Account of some of the most Important Diseases of Females. 2nd Edit, p. 344.

Case I. This was a boy, aged 13, said to belong to a healthy family, and to be free from any predisposition to disease, who had been living hitherto in the country, and had only lately come to town, to pursue his education at the New Academy. He was tall and strong for his age; but his friends had remarked that, for some time past, his countenance was pallid, and his appearance cachectic, and that he had evinced much disinclination for mental or bodily exertion. I saw him on the second or third day of a febrile attack, and in the early stage of the eruption of the Nodose Erythema; the patches were large and numerous, tender, painful, and hot, distributed over the fore part of the legs, and also over the forearm, with symmetrical regularity, accompanied by headache, languor, and lassitude, and by deep-seated pains in the joints and muscles of the extremities. The pulse was frequent and full, and compressible; the tongue loaded with a creamy fur; the skin hot, soft, and moist; the bowels inactive, and the dejections dark and offensive; the urine scanty and high coloured, and gradually depositing more and more of the lateritious sediment. The disease pursued its course, apparently unmoved, by antiphlogistic treatment; the tongue continued foul, the bowels disordered, and the urine defective and deranged; the febrile state had somewhat subsided, and the bright red discoloration had faded into a bluish or livid tint, when, about the seventh day of the eruption, the sulphate of quina, as recommended by Dr. Watson, was prescribed, and its exhibition appeared to produce a marked impression on the features and progress of the case. The tongue, which had yielded nothing to calomel and jalap, now rapidly divested itself of its thick coating; the bowels assumed a more healthy action, and the evacuations a more natural appearance; the urine became copious and clear; the protuberances of the eruption softened and disappeared, the bruised marks vanished, and after a week of convalescence, the patient returned to his books and his play.

We have, in this case, a well-marked instance of the Erythema Nodosum in a boy of 13, previously healthy, but manifesting before its occurrence the characteristic signs of a peculiar diathesis, as exhibited in the pallid and cachectic look, the defective excretions, and the deep-seated pains in the limbs and joints. We remark, also, the beneficial effects of quina in the treatment, as corresponding with the experience of Dr. Watson in this disease.

Case II. The other case, to which I shall at present allude, occurred in the person of a domestic servant, a young woman of 20 years of age, of pallid complexion and delicate appearance, and subject to irregular and defective menstruation. When seized with an attack of a febrile character, followed by copious patches of the Nodose Erythema, distributed over the fore part of the legs, and accompanied by the usual tenderness, heat, and pain of the eruption, she had requested the attendance of a respectable practitioner in the neighbourhood of her master's residence, who had prescribed rest, diaphoretics, and laxatives, under which the disease appeared to yield. On the eighth or tenth day of her illness, however, I was requested to see her, in consequence of an attack of acute pain in the lower part of the left side, with impeded breathing, rapid pulse, and increase of fever. The bright blush of Erythema had at this time sunk into the dusky blue; the protuberances had softened and declined; but the general derangement of health, manifested by the pale sickly look, the loaded tongue, and disordered excretions, had not given way; and to these were now added the symptoms of thoracic inflammation,—the general and physical signs of acute pleurisy. By means of moderate bleeding, the employment of calomel and opium, and counter-irritation, these latter were overcome; and, after a short attendance, the patient was dismissed, with instructions to persevere in rules of diet and regimen, and in means calculated to improve digestion and nutrition, and to regulate the menstrual discharge.

We remark, in this case, the occurrence of the Erythema Nodosum in conjunction with amenorrhœa and other signs of cachexia, and the supervention

of acute pleurisy. In connexion with this, we may note a case, related by Mr. Wilson, of a young woman, aged 22, who enjoyed good health until nine months before, when she obtained service in London as housemaid. From that period she suffered constant illness; sometimes her bowels were constipated, sometimes she had nausea, at other times cough; menstruation was disturbed, becoming scanty and light coloured; she had leucorrhœa, and copious deposits in her urine, with difficulty in passing it. Associated with these symptoms, she had a constant feeling of languor, loss of appetite, and indisposition to make any exertion While in this state, she was seized with a dry hard cough, accompanied with headache, and the usual train of febrile symptoms, and a copious eruption of Erythema Tuberosum[1] made its appearance on the forearm, knees, and legs. The majority of the spots were of the size of a shilling piece, they were distributed irregularly over the skin, and were very tender to the touch. On their first appearance they were vividly red, but soon became purplish and yellowish, and by the third or fourth day they were on the decline. This patient recovered at the end of three weeks.[2] In this case we remark also the evidences of a cachectic constitution accompanied by defective menstruation, and other symptoms, such as are frequently observed in females resorting to large towns, and indulging in modes of living contrary to their previous habits in the country.

Remarks. Keeping in mind the leading features of these cases, let us turn to the writings of some recent authors, with the view of discovering whether any uniformity of observation, or correspondence in views, in regard to the nature of this affection, are found to prevail.

Mr. Plumbe informs us that a high degree of derangement of the secretions, and disordered state of those organs in which the process of chylification is carried on, has been noticed constantly when the disease has come under his observation.[3]

Dr. Joy says he has known it to return frequently in the same individual, attended with considerable œdema, and often terminating in desquamation, succeeded by severe pains in the limbs, which demanded the employment of pediluvia, bandages, etc.[4]

Dr. Todd says, "I am not aware that any cutaneous disease occurs in connexion with this (rheumatic) diathesis;" but subsequently he notices that an eruption, resembling Erythema Nodosum, and occurring chiefly or exclusively on the lower limbs, is occasionally witnessed in rheumatic fever.[5]

Rayer has seen the skin affection in connexion with acute rheumatism.[6]

Dr. Watson connects it with disturbance of the menstrual functions, and has seen it occur in connexion with acute rheumatism; and mentions, that a patient of his in the hospital was attacked with the affection of the joints immediately on the cessation of the Erythema Nodosum; and that, in another, this order was reversed.[7]

Dr. Copland notices, that it is sometimes connected with the approach of the catamenia; and that its premature disappearance is sometimes followed by dangerous internal disease.

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[1] "I consider Erythema Papulatum, Tuberosum, and Nodosum" (says Mr. Wilson) "so closely allied to each other, that were it not for the fear of creating confusion, I should include them under the same name. The two former are commonly associated in the same patient, and I have more than once seen erythema papulatum on the face and hands, while Erythema Nodosum existed on the legs." *Wilson on Diseases of the Skin*, p. 144.

[2] Wilson on Diseases of the Skin. 2nd. Edit., p. 169.

[3] Plumbe on Diseases of the Skin. 4th Edit., p. 503.

[4] Cyclopædia of Practical Medicine. Art. Erythema. Vol. ii, p. 120.

[5] Todd on Gout and Rheumatic Fever, pp. 110 and 123.

[6] Rayer, Traité des Malad. de la Peau. Tom. i, p. 123.

[7] Lectures on the Practice of Physic. Vol. ii, p. 836.

Mr. Dendy saw pneumonia suddenly supervene on its retrocession.[1]

Mr. Wilson mentions that the Erythema Papulatum is usually associated with irritation of the gastro-pulmonary mucous membrane, and sometimes with rheumatism; the Erythema Tuberosum with disordered menstrual function; and that the Erythema Nodosum (all nearly allied) is observed also in connexion with rheumatism.[2]

Willan, Bateman, Thomson, and Biett, are nearly silent on the subject of the complications of Erythema Nodsum; and little can be gathered from writers of an early date,[3] but enough has been culled of available materials, to demonstrate the connexion of this form of Erythema with a marked diathesis; and opportunity sufficient is afforded for a reasonable conjecture, that this is the rheumatic constitution, and that the skin affection is symptomatic of the blood disease.

These conclusions may fairly be arrived at, for the following reasons:—

1st. The skin affection is most prevalent in, if not confined to, the young, and those under thirty—the chief subjects of the rheumatic diathesis and rheumatic fever.

2dly. It occurs very frequently in females suffering from menstrual derangement, confirming the views of Drs. Todd, Rigby, and Locock, as to the intimate connexion of disorder of the uterus with rheumatic affections.

3dly. It occurs in connexion with disorder of the general health, characterized by pallor, cachexia, and defective excretion; and subsequently developed in febrile excitement, pains in the joints and muscles, and the copious deposition of lithates in the urine—a state of matters analogous to what takes place in rheumatism.

4thly. It is associated frequently with rheumatic fever,—co-existing or alternating with it.

5thly. It is often complicated with those internal disorders with which rheumatism is allied, particularly with pleurisy and pneumonia. I have not hitherto noticed it in connexion with cardiac disease.

Lastly. Erythema Nodosum yields to a plan of treatment (I mean the use of bark[4]) which was long extensively and successfully employed in the treatment of rheumatism, and still has its advocates among the best informed physicians of the day.[5]

But the question will, no doubt, occur,—Of what value is the knowledge

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[1] Dictionary of Practical Medicine. Art. Erythema.

[2] Wilson on Diseases of the Skin, p. 162-4.

[3] In that curious store-house of medical facts, furnished by Dr. Parry, under the head of "Relation of Diseases by Conversion", it is recorded that rheumatism often alternates with cutaneous eruptions; and in speaking of this relation, after giving many examples of a similar kind, he says, "In all these instances, which have been derived solely from my own observation, and to which many others might be added from medical writings, the several forms of disorder appear to be vicarious affections, consisting of different modifications of one common action, directed from unknown and spontaneous causes to different parts." *Elements of Pathology*, p. 392.

[4] "I once had a housemaid (says Dr. Watson) in whom the disorder (Erythema Nodosum) appeared, and was attended with unusually high fever and much indisposition. I treated her, therefore, antiphlogistically; *i. e.*, I kept her on low diet and gave purgatives; but the disease went on. Fresh knots came out as the old ones faded. At length, I do not remember why, I prescribed some quina for her, and the improvement was immediate and very striking. She relapsed, however, once or twice, upon leaving off the bark, but by persisting subsequently in its use for some days after she appeared to be well, a permanent cure was effected. Since that time—now twelve or fourteen years ago—I have seen a good many examples of Erythema Nodosum, and I have treated them all alike,—viz. first with an aperient and then with the sulphate of quina, and they have all rapidly got well." *Lectures on the Practice of Physic*, vol. ii, p. 836.

[5] Copland's Dictionary of Practical Medicine, vol. iii, p. 630.

of this relation existing between the affection of the skin, and the rheumatic diathesis, admitting that the connexion were satisfactorily established ? I answer,—Of great practical value. Let it be understood, that the cutaneous disease is generally found associated with evidences of defective assimilation and cachectic condition of the system, such as precede or accompany an attack of rheumatism ; that it not unfrequently co-exists or alternates with a paroxysm of that disease ; and that, during the course of the erythematous eruption, or on its decline, or by its sudden retrocession, some of those acute affections with which rheumatism is allied, such as pneumonia and pleurisy, are apt to supervene ; and where is the practitioner who will not watch with jealous eye the origin, and progress, and termination, of every such case ? while, at the same time, from possessing correct views of the pathology of the disease, he will be in a position to treat, not those symptoms which constitute the physiognomy of the case, but that morbid action which is its essence, which is so productive of extensive mischief, and so often followed by disastrous consequences. He will look upon the skin affection as a symptom only of a great constitutional disorder in which many vital organs are apt to suffer, remembering that the disturbance consequent on their serious lesion is often the first circumstance which arrests the attention of the patient or his friends, and will be ready to avail himself of every appliance for the discovery of obscure or insidious disease, and of every means of treatment by which the morbid element may be eliminated from the blood, and the peculiar diathesis to which it has given rise entirely overcome.

It is an important fact, which cannot be too much kept in mind, that all the phenomena which constitute the characteristics of rheumatism may be present in a case, with the exception, at one time, of fever, and, at another, of the affection of the joints, or of both these together ; and that all the danger, and all the damage, which a paroxysm of rheumatic fever is capable of producing, may be equally, though much more silently and stealthily, brought about, when the *materies morbi* circulating through the blood has as yet, from unknown causes, failed to induce the febrile action ; or, in raising it, to superadd the affection of the joints. It is in this way that we can account for the occurrence (in those of the rheumatic diathesis) of chorea and diseased heart, conjointly or separately, so often met with in young people ;[1] and, again, of copious effusion into the sac of the pleura in others, of which I have seen many instances, particularly in boys, who, though somewhat ailing, have been able to continue their attendance at school, and engage in play, till some symptoms of impeded breathing have arrested the attention of friends, when exploration has discovered the lower half of one side of the chest dull, on percussion sound, and exhibiting the other signs of pleuritic effusion ;—an effusion which appears to have taken place in a manner somewhat analogous to, or identical with that, which often, in the same character of constitution, rapidly and unexpectedly fills and distends the synovial capsule of the knee-joint.

In all the boys alluded to, the evidences of a cachectic state had been previously noticed, and I believe the same condition is observable in those affected with effusion into the joints. For instance, some days ago, after prescribing for a lady in town, my attention was called to a domestic in the family, who had been complaining for several weeks. She was pallid and sickly ; suffered

[1] On the subject of the connexion of rheumatism and chorea, I am happy to acknowledge that, in the views I entertain, and which I laid before the Society ("Monthly Journal" for April 1847), I have been in some measure anticipated by Dr. Todd, of London, [On Gout and Rheumatic Fever, p. 115.] whose notice of the relation I had not seen when that communication was read, and subsequently published. It is gratifying to me to find that I have independently arrived at the same opinions as those held by that able physician, from whose writings I have derived much valuable information, and in whose views of the nature of rheumatism I entirely concur.

from dyspeptic symptoms, from obstinacy of bowels at one time, and, at another, from relaxation; was feeble, and readily fatigued; and felt unable to continue her duties. On examining her urine, it was highly acid, and loaded with urate of ammonia. She had formerly had rheumatic pains. I ventured to predict an attack of this character, and, to ward it off, prescribed a simple and limited, but nutritious diet, with alterative medicine, and full doses of the nitrate and carbonate of potash. I was requested to visit her this evening (April 2, 1850), when I found the synovial capsule of the left knee distended with fluid, and the joint affected with pain and stiffness; symptoms which had all come on in the course of twenty-four hours.

In regard to rheumatic fever existing without any articular affection,[1] a case is passing under my observation while I now write, which powerfully illustrates the fact, and a short notice of which may not be uninteresting to the Society.

On the 16th of January last, during the prevalence of keen frosty weather, which called many of the admirers of the art of skating and curling to the pond, a gentleman of the legal profession, approaching the age of thirty-five, of stout make, and full habit of body, and, by hereditary right, strongly disposed to rheumatism,[2] repaired to Duddingstone to enjoy his favourite amusement. He spent the early part of the day in keenly contested games of curling, in which he was alternately chilled and heated; and left the ice, complaining of an aching pain in his right side, which he at once attributed to the free and unwonted use of his arm, in pursuing his athletic exercise. Before he reached home, however, the pain amounted to a severe stitch; and, towards the hour of dinner, he waited on me for advice. On examination, I considered him labouring under pleurodynia, and dismissed him with instructions to retire early to bed, to apply a large sinapism, and take a full dose of Dover's powder. His pulse at this time was 72, full and soft; his skin was cool and moist; and his tongue somewhat loaded. An aperient draught was also prescribed for the morning. Late in the evening of the same day, however, I was summoned to his bedside, and found him much indisposed; his pulse had risen to 96, it was still full and compressible; his skin was hot and moist; the pain, which was seated in the lower part of the side, and inclining towards the back, was severe, and greatly increased by motion, by full inspiration, or the effort of coughing. The physical signs at this time gave no clear indication of pleurisy; but judging, from general symptoms, that the costal pleura, at least, was affected, I ordered him to be cupped, and added

[1] Dr. Graves (see *Clinical Lectures*, vol. ii, p. 159) was the first, I believe, to direct the attention of the profession to this interesting point, and, though the correctness of his views has been doubted, and men of large experience have not observed such cases, I am confident that they are by no means uncommon, and that the following extract from the work of the eminent physician referred to, contains truths of great practical value:—"In truth", says he, "in rheumatic fever, the quickness of the pulse, heat of the skin, tendency to profuse sweating, debility, restlessness, and thirst, may all exist without any inflammation of the joints, and may be resolved without such inflammation ever occurring, as I have witnessed in several well-marked cases of individuals liable to rheumatic fever, and who had previously suffered from attacks of fever, with arthritis, in the usual form, and subsequently, on exposure to cold, were seized with symptoms of pyrexia, which, in intensity, duration, and every other particular, were identical with their former fevers, save and except that, from beginning to end, not a single joint was inflamed."

[2] His family experience had been signally painful and disastrous. He had lost his mother in consequence of inflammation attacking the heart, previously damaged by rheumatic carditis: he had also lost a brother and sister, in early life, by carditis, accompanying rheumatic fever; a paternal uncle, by diseased heart; and a cousin (a daughter of this last), by acute pericarditis, unconnected with articular affection, but with all the other evidences of rheumatic fever; and, lastly, he had seen his only remaining brother, from time to time, afflicted with the malady which had been permitted to prove so great a scourge to his family.

to the Dover's powder five grains of calomel, with instructions to repeat the dose early in the morning, before taking the aperient. On the 17th; he was not relieved; the pain was unsubdued, and more extended towards the base of the scapula; the friction sound was audible over a limited space; the pulse was 100, full and soft; the tongue moist, and loaded; the skin bedewed with sour-smelling perspiration; and the urine, small in quantity, depositing a brick-dust sediment. The bowels had been freely moved; the evacuations were dark, and highly offensive. A second abstraction of blood by cupping was prescribed, to be followed by calomel and opium in the usual form, and the free use of nitre in solution, as a drink. On the 18th, there was dulness on percussion over the inferior and lateral portion of the chest, with distant respiratory murmur, and imperfect ægophony; the general symptoms of rheumatic fever continued; but no joint was affected. During the three following days, there was little change in the symptoms; the pain had in a great measure subsided, and the signs of effusion were quite distinct, limited, however, to the lower half of the right side of the chest; the pulse continued to range from 100 to 108; the urine and perspiration, the tongue and bowels, still manifesting the same high degree of rheumatic character. The calomel and opium were continued till slight ptyalism was induced; and large and increasing doses of the carbonate and nitrate of potass, together with colchicum, were prescribed, in order to favour elimination by the kidney. Towards the 25th, ten days from the date of seizure, considerable absorption of the effused fluid had taken place, the kidneys acting vigorously, and the excretion depositing, day after day, large and increasing quantities of the lithate of ammonia. Convalescence advanced; and for some days before the 31st, he was able to leave his bed, and spend some hours on the sofa. On that day, however, by imprudent exposure near an ill-fitted window, he sustained a chill, and all his symptoms quickly revived. The disease now lighted on the opposite side of the chest, and pursued there a course corresponding with that followed on the right. It was rheumatic fever, with inflammation of, and effusion into, the left sac of the pleura. The same practice was renewed; the same results followed; and on the 14th of February, a fortnight from the relapse, and one month from the original seizure, he was again convalescent. On the 18th, while still confined to bed, and exercising the most exemplary care and caution, as regarded the *juvantia et lædentia*, he was seized with acute pain in the præcordial region, followed by anxious hurried breathing, rapid, feeble, and irregular pulse, cold, clammy perspiration, and inability to maintain the recumbent posture. His expression of countenance was singularly distressing, and he indicated by his looks, more than by words, that this second relapse could not fail of a fatal result. I feared the worst in a constitution so strongly rheumatic, and with the morbid element now fixed on the pericardium. The to and fro sound was audible over the præcordial region, and the impulse there was unnatural and extended. Blood was immediately taken from the region of the heart, and calomel and opium given every alternate hour, till salivation should take effect. A second abstraction of blood followed, after six or seven hours: the pulse improved in strength; the pale, anxious, distressed countenance revived; the præcordial pain, and catch in the breathing, subsided; the physical signs gave way, and disappeared; and in three days, the patient seemed rescued from his impending doom. It was only, however, to be subjected to another, but a less severe and threatening trial. On that day, there occurred renewed pain, of a deep-seated kind, in the region of the first pleuritic effusion, which had remained dull on percussion, and free from respiratory murmur, up to this period. To the pain, now succeeded cough, for the first time, followed by bloody expectoration, and some hurry in breathing; but exploration discovered no abnormal signs beyond the limits of the original pleuritic effusion; and, the symptoms not becoming aggravated, the hope was entertained that only a small portion of the lung was implicated in this pneumonic attack.

Those hopes have been realised. The pulmonary symptoms have gradually disappeared; and now, at the close of ten weeks from the date of the original attack, the patient is again, and more than ever, a promising convalescent. He carries about with him, no doubt, a partially adherent pericardium, and a doubling adhering pleura, as well as a partially condensed lung; but his life has been spared; his infirmities, we know, are compatible with existence, even long extended; and his age will, ere long, grant him immunity from future attacks of the malady which has proved so disastrous to his family.

It is worthy of remark, that during this long illness, the manifestations of the rheumatic habit never entirely left the system, nor appeared to yield to treatment, until the close of the tenth week, when they may be said to have declined, and disappeared. The tongue continued thus long foul, the bowels disordered, and the quantity of the lithates and purpurates in the urine was greatly beyond what I ever witnessed in any case of rheumatic fever, however lengthened in duration or severe in character; while the acid sweats annoyed, not only the patient himself, but even the bystanders, by their constancy and the pungency of their odour.

It also deserves notice, that this gentleman, who had hitherto enjoyed uninterrupted health, and suffered no obstruction in the discharge of professional duty, or in the practice of daily exercise, for a long series of years, had been observed, for some weeks before the seizure just described, to be pallid in looks, and somewhat languid in spirit, and indisposed for mental or bodily exertion; and I have ascertained that, during this time, his digestion was imperfect, and his urine constantly loaded with the lateritious deposit—an assemblage of symptoms which is too much overlooked in cases of this class, and which I refer to the more, as it has been attempted to establish a diagnosis between rheumatism and gout, on the ground that the latter frequently presents premonitory symptoms affecting the digestive organs, which is not the case in the former; a statement which I believe to be contrary to fact, and involving the risk of serious evil. The premonitory symptoms of rheumatism may possibly be slight; so slight as to fail in attracting the notice of the ordinary observer; but I apprehend that they will always be discovered, if sought after; for no attack of rheumatism can take place without evidences of previous imperfect digestion and defective assimilation.

This disorder of the digestive and assimilating functions is often, indeed, the only departure from health which the physician is called upon to treat for days—it may be for weeks—before a paroxysm of rheumatic fever occurs. I cannot forget my own want of due attention to this class of symptoms in a case which, not many years ago, proved fatal under my care. The subject of it was a young lady of twenty-one, who had been ailing for some time before I was called to see her. She was then pallid in countenance, and depressed in spirits. She owned no illness beyond a feeling of loss of strength, an occasional aching head, a want of appetite, and unrefreshing sleep. Her tongue was foul, her bowels disordered, and her urine scanty, and greatly loaded. The catamenia were suppressed. These symptoms went on from day to day; no local pain, no febrile movement, threw light upon their real nature, and no family predisposition pointed to their true character. By and by, a degree of fever was lighted up; and then a degree, a slight degree, of redness, pain, and swelling of the right ankle-joint, proclaimed itself, and revealed the latent disorder which lurked within, and which was now developed in great intensity. The fever, however, exceeded far the amount of articular complication; the endocardium by and bye declared its participation in the general derangement by the distinctive *murmur;* and ere long the pericardium also, through the *to and fro* sound. No remedy availed to save life, though suffering was protracted, painfully protracted, for many weeks; when tumultuous palpitation and laborious breathing, and dropsical swelling, closed the scene. No examination of the body was permitted.—[*Edinburgh Monthly Journal*, June 1850.]

CHRONIC HYDROCEPHALUS, ACQUIRED, SANGUINEOUS, AND CONGENITAL; WITH THREE CASES IN WHICH THE HEAD WAS PUNCTURED.

BY DR. FRANCIS BATTERSBY.

Modern French writers have divided Chronic Hydrocephalus into two forms, the congenital and the acquired. The latter is much more rare than the former. Barrier thinks that the greatest number of cases of hydrocephalus which are developed before the closing of the fontanelles, and in which the separation of the sutures takes place early and easily, should be ranged with congenital hydrocephalus. I shall first consider *acquired* Chronic Hydrocephalus, premising, what seems to have been overlooked by Dr. West, that MM. Barrier and Rilliet and Barthez take into consideration only acquired Chronic Hydrocephalus, no children under two years of age being admitted into the Hôpital des Enfans Malades, of which they were *internes*. Barrier[1] says that acquired Chronic Hydrocephalus is rarely essential, idiopathic, and analogous to other essential dropsies; at other times, it is symptomatic of another disease, and in this case the most frequent organic lesion is the presence of one or of many tuberculous masses in different points of the brain. This has escaped the observation of previous writers. One of the most frequent causes of this dropsy, says MM. Rilliet and Barthez,[2] following Barrier, is the development of a tumour in the cranial cavity, most commonly tubercular, but sometimes cancerous or of another kind. They think, then, that Hydrocephalus has most often as its cause compression of the veins of Galen, or of the straight sinus; and they cannot even conceive any other mode for its formation.

Tulpius, Wepfer, Bonetus, Valsalva, and Lieutaud, remarked that acquired Chronic Hydrocephalus is developed most frequently from the age of two years to seven; and it is precisely at that epoch of life, that tubercles of the brain are most common. Certain organic affections of the brain have been long noted as causes of the disease, such as scirrhous and tubercular tumours, encysted collections, and other morbid products in the substance of the cerebellum and other nervous centres. Facts of this kind are related in the *Sepulchretum* of Bonetus, in Morgagni's *Letters*, in the *Historia Anatomica* of Lieutaud, and in the *Anatomie Médicale* of Portal. But it is to be regretted that, in most of these cases, there is no precise indication either of the seat of the tumours, or of their projection above the cerebellum. It is uncertain whether they were, or were not, adherent to the lower surface of the *tentorium cerebelli*, or whether they were prolonged towards the terminations of the veins of Galen in the straight sinus. It is evident, that the compression of the straight sinus, and the entirely mechanical mode of formation of ventricular hydrocephalus, has been completely misunderstood.[3] Lallemand, John Hunter, Dance, and Constant, relate cases in which tumours existed in the cerebellum, together with fluid in the ventricles; but it is not said whether there was or was not a compression of the straight sinus. Tonellé[4] has not completely misunderstood the influence which the obliteration of the sinuses exerts on the serous exhalation of the brain; since, in speaking of pseudo-membranous concretions in them, he puts forward the opinion, that the disorders resulting from their presence are, either a simple stasis of the blood in the veins of the *pia mater*, and of the substance of the brain, or a serous effusion within the ventricles.

Mr. Edward Ford[5] has recorded two cases—one in a child aged 9, the other in a child aged 4 years—of hydrocephalus resulting from a scirrhous mass in the cerebellum and pons Varolii; and although he makes no mention of

[1] Traité des Maladies de l'Enfant, t. ii, p. 588.
[2] Traité des Maladies des Enfans, t. i, p. 808.
[3] Barrier, l. c., p. 593. [4] Gazette Médicale de Paris. 1834. P. 104.
[5] London Medical Journal, 1790, p. 56.

compression of the straight sinus, yet he observes that *hydrocephalus internus* is in many cases not to be considered as a disease *sui generis*, or as the sole cause of the mischief which ensues to the constitution, but that it is often the effect of those diseases which it has been said to produce. Magendie,[1] who attributes hydrocephalus, amongst other causes, to obstruction to the flow of the cerebro-spinal fluid through the ventricles, comes very near the explanation of M. Barrier. He has given different cases, in individuals aged above nine years, of hydrocephalus with compression of the fourth ventricle by a tubercle of the cerebellum ; with compression made by an aqueous tumour upon the aqueduct of Sylvius, the valve of Vieussens, and the fourth ventricle ; and again, with compression upon the mesocephalon and the fourth ventricle, by an exostosis of the basilar portion of the occipital bone. And he moreover alludes to cases of hydrocephalus, with compression of the fourth ventricle by a fibrous tumour in the valve of Vieussens, or by tumours of different kinds in the annular protuberance. Barrier[2] gives three cases of hydrocephalus from compression of the straight sinus, in children aged 3, 4½, and 5 years. The anatomical conditions necessary to this kind of hydrocephalus, are, he says, 1st. That the tuberculous tumour should occupy the middle lobe of the cerebellum ; 2nd. That it should project upwards sufficiently to throw up the *tentorium cerebelli*, and to compress the straight sinus. The quantity of fluid in the brain of those cases of acquired Chronic Hydrocephalus never exceeds eight or ten ounces, and is in general much less.

Many authors have considered Chronic Hydrocephalus as a particular form of meningitis. But the inflammatory character of the disease is too latent, or is effaced too soon for any practical advantage to follow the adoption of this opinion. It may be true in some cases ; but the disease mostly consists certainly in a dropsy analogous to that observed in all the serous membranes, and in the areolar tissue. This is Barrier's opinion, who does not think, like Billard, that Chronic Hydrocephalus succeeds almost constantly to acute meningitis. Rilliet and Barthez[3] have never seen Chronic Hydrocephalus purely inflammatory. They have not even seen acute cerebral diseases, accompanied by serous effusions into the ventricles, pass into the chronic state, and produce augmentation of the size of the head. Copland does not even refer to such a notion. Breschet states, that we have no well authenticated example of internal Chronic Hydrocephalus, which succeeded to acute hydrocephalus, or dropsy of the brain. But Dr. West[4] affirms, that sometimes the lining of the ventricles is roughened and granular, presenting an appearance closely resembling shagreen, and communicating a very perceptible roughness to the finger ; and concludes that these, and other similar alterations of the lining of the ventricles, afford conclusive evidence of the inflammatory origin of most cases of Chronic Internal Hydrocephalus. In four cases, dissected by me, there was no such adventitious membrane, which I think, may be, in the few cases in which it exists, explained by the irritating nature of the fluid collected in the ventricles. The same occurrence is observed in dropsy of the abdomen, speaking of which, Dr. Copland observes, "This fluid, owing to interruption of the depuration function, is often possessed of properties which induce inflammatory irritation in the healthy peritoneum, and which are more likely to have a similar effect when this membrane is punctured or otherwise divided."[5] Spengler and Barruel, having each analysed fluid from hydrocephalic heads, agree in thinking it not to be a product of inflammation, but simply the ordinary cerebro-spinal fluid, enormously increased in quantity.[6]

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[1] Sur le Fluide Cephalorachidien, p. 74. 1843.

[2] L. c. p. 594–603.

[3] L. c. t. i, p. 807.

[4] On the Diseases of Infancy and Childhood, p. 88 ; also Dr. Todd, Cycl. Anatomy, Part xxvii, p. 720.

[5] Dictionary of Medicine, vol. i, p. 632. Portal states (sur l'hydropisie, t. ii, p. xxiv), that the fluid is sometimes "de mauvais goût ou d'une extrême *acreté*."

[6] Medical Gazette, N. S., vol. ii, 1846, p. 627.

Breschet and Legendre[1] attribute to inflammation all affections, the result of hæmorrhage into the cavity of the arachnoid; which effusions, Dr. Todd[2] states, are very rare. Rilliet and Barthez[3] have seen three cases of hæmorrhage, from sanguineous exhalation into the arachnoid, simulating hydrocephalus. The coagulum divides into two portions, one serous, the other solid. This assumes the appearance of a thin false membrane,—elastic, more or less resistent, and simulating occasionally the arachnoid. Sometimes it is really a fibrous membrane. The clots are found over all the circumference of the brain, but most frequently on its convex surface, either anteriorly or posteriorly, or at its sides. Most commonly they adhere to the parietal surface of the arachnoid, more rarely to its visceral surface; but whatever the connexion, their adhesion is slight, and they may be removed by the least traction. Sometimes the fluid is serous, transparent and limpid, more or less yellow, entirely resembling the liquid effused into other serous membranes. Occasionally it is muddy, yellowish-red, and contains bloody particles suspended in it. Less frequently, it preserves its transparency, but has a reddish colour. This is blood mixed with serosity, and consequently more liquid than natural. On other occasions, the liquid is thick, muddy, brown, or chocolate-coloured, and like a sanguineous effusion of an old date. Blood, pure and liquid, is seldom observed. Rilliet and Barthez once estimated the fluid on both sides to amount to a *litre*, or nearly two pints. Enormous quantities like this are only found in very young children, whose heads are unossified. When the sanguineous effusion is so great, it forms a pure hydrocephalus, presenting all the characters of Chronic Hydrocephalus. This effusion presents no well-marked characteristic signs, which can separate it from serous ventricular effusion. Legendre, however, states that the first stage is marked by symptoms of cerebral fever or acute hydrocephalus, the second by those of Chronic Hydrocephalus, but that the first stage is not always followed by the second. He observed seven cases, between the ages of two and three years. The age appears to Rilliet and Barthez to establish a difference between acquired Chronic Hydrocephalus, tubercular, or other, and sanguineous Chronic Hydrocephalus. They have never seen an infant of two years of age, or less, die of hydrocephalus in consequence of cerebral tubercles. Always at this age, sanguineous effusion has been its cause.

The elder Monro[4] used to employ many arguments against puncture in cases of hydrocephalus, except when water is accumulated between the membranes of the brain or in the arachnoid, from a conviction of the fatal consequences of this operation. Neither are Barrier, Rilliet and Barthez, or Legendre, advocates for the operation in acquired Chronic Hydrocephalus, the probable result of a cerebral tumour, or of a profound alteration of the brain; and I do not think it likely to succeed in cases of acute hydrocephalus, attended with convulsions and strabismus.[5] Rilliet and Barthez are, on the contrary, of opinion that it could only be advantageous in cases of arachnoid hæmorrhage. The nature of the liquid to which the instrument would give issue, and the depth to which it would be necessary to penetrate to reach the effusion, would point out almost certainly the seat of the disease. It is very evident that if the puncture gave issue to blood, to sanguineous, or even albuminous serosity, this would at once determine the form of the hydrocephalus. The diagnosis does not appear to Rilliet and Barthez less positive, if the instrument gave issue to liquid after having passed through the *dura mater* alone. The importance of diagnosis in like cases is such, that they do not hesitate to propose the employment of this method.[6]

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[1] Révue Médicale, Dec. 1842.
[2] Cyclop. Anatomy, Part xxv, p. 644, and Part xxvii, p. 717.
[3] L. c, t. ii, p. 32.
[4] Monro on Hydrocephalus, p. 95.
[5] Dublin Medical Press, February 20, 1850, p. 116.
[6] L. c, p. 47.

Such advice, from such men as Rilliet and Barthez, I felt anxious to test by experience; the more so, as Legendre intimates that the favourable termination of certain cases of punctured hydrocephalus depended, most probably, on their being of this form. The following case soon gave me an opportunity of tapping the head.

Case I. Congenital Chronic Hydrocephalus, punctured eight times. Malformation of the Brain. Eliza Deering, aged nine weeks, was admitted to the Institution for Diseases of Children, 31st January, 1849. Her mother stated, that her head had been getting large since she was a fortnight old. It was nineteen inches and three-quarters in circumference, and twelve inches from the tip of one ear to that of the other. It was soft from the root of the nose to the occiput; and in the centre there was a hand's breadth between the frontal and parietal bones. Her eyes were straight; the pupils were half sunk below the lower lids, the whites of the eyes being nearly all that was visible of them; vision was perfect. She fed well. Her person and limbs were plump and well nourished. Her countenance was plump and fresh coloured. She had no complaint except her large head; was constantly dozing; bowels generally confined. Her parents were young and healthy. I strapped the head with adhesive plaster, and applied over it a double-headed roller. *February* 27. Head twenty-one inches by fourteen and a half. I strapped the head again; it was very soft; she cried much while it was being done. The strapping had diminished the horizontal magnitude of the head, which was not so long from before backwards. It was larger superiorly, the diameter between the ears being much more than formerly. *March* 12. She seemed in good health, and was getting fat. The head was globular, and increasing rapidly in size, with a feeling of fluctuation. The roof of each orbit was thrust out perpendicularly, and the eyes were so sunken, that it was only by an effort she could look at objects above her. The eyes were lower, and the portion of the orbits next the nose crepitated on pressure with the finger; bowels confined. 20*th*. The mother consenting to the operation, I this day, assisted by Drs. Churchill and Colles, introduced an exploratory needle in the situation of the anterior fontanelle, about half an inch to the left of the longitudinal sinus. Fluid at once came away; and, withdrawing the needle, I passed in a very fine trochar, and withdrew seventeen ounces of clear serum, slightly tinged with blood, which did not come from the scalp. The fluid appeared to be directly under the *dura mater*. The scalp was quite soft and baggy, after the fluid was withdrawn. During the operation, Mr. Colles held the head compressed between his hands. The child cried strenuously, but did not appear to suffer much. I reapplied the roller. 21*st*. She vomited in half an hour after the operation, and was cross in the evening. Eyes raised well. She slept last night well as usual, but was easily frightened, and started out of sleep. 22*nd*. Was very pale; grasped firmly anything placed in her hands. The arms constantly started, and she cried often; was very hot and restless; pulse too rapid to be counted. 23*rd*. Slept none till three o'clock A.M; had not started since, but seemed restless; pulse 160; skin hot; could not suck, but swallowed fluid well; the jaws were drawn together, and firmly closed; eyes sunk, and in constant motion. 24*th*. She slept some last night; this morning sucked a little by the lips, her jaws being closed; audible hemming; no sensibility; quivering of hands, which were occasionally strongly clenched. 25*th*. Took the breast in her lips last evening, and twice to-day; drank also six cups of wine whey and of milk: was rather cold. She had sudden fits of clenching of the hands, with rigidity of the arms, and hemming. Appeared asleep, and would not swallow anything. 26*th*. Shortly after my visit yesterday, she took the breast in her gums, sucked well, and continued to do so. Slept well last night; is not hot now; cried this morning for the first time since the operation; was then disposed to sleep; looked pallid; protruded the tongue; the thumbs and hands flexed. 27*th*. Very easy

to-day, and sucked better than ever; now twisting the mouth; hands supple; thumbs turned in.

This was the only inflammatory attack she had in consequence of the operations, which I performed eight times between March and August. I withdrew eighty-nine ounces of fluid, which was each time of a paler colour, until at last it was quite limpid and colourless.

On the 29th of March, she got an acute attack of muguet, which continued ten days. The thumbs were then natural and extended, the index fingers alone being flexed; these in their turn soon lost their flexure, and continued natural to the end. The head was ossifying rapidly at the back, where the new bone could be felt to crepitate under the finger. During the entire progress of the case, I kept the head bandaged; but so readily and quickly did the bandage fall off, that, on the 9th of July, I smeared the folds of the bandage with starch, which kept it immovably fixed its place.

July 24th. Head twenty-three by sixteen inches. The irides were below the lower lids; there was vascularity of the eyes, with watery and mucous discharge. She lay sleeping the entire day; for a few days had been vomiting constantly. Was nearly motionless, and cold, no matter how much clothes covered her. The bandage had never moved; and the back part of the head, where uncovered by it, was highly œdematous and bluish. Slept sometimes with the eyes open. I loosened the bandage, and re-applied it over the entire head; but the œdema continued till her death, which occurred on the 4th of August, two days after the last tapping. I saw her on the 3rd, very well, smiling and good humoured; and she unexpectedly died at eight o'clock next morning. At the time of her death, she was aged nine months, one week, and four days; death taking place four months and fifteen days after the first, and two days after the last puncture of the head. After the second, and all the subsequent punctures, the head rapidly regained its original size, so as on the day succeeding to be as large as before the operation: she never had the least power of supporting her head.[1]

Post-mortem Examination twelve hours after death, by Dr. Churchill and myself. The œdema of the back of the head had disappeared. It seemed smaller than during life. The scalp was bloody posteriorly. On dividing the dura mater, the brain at once appeared. It was quite smooth on its upper surface. There was no median fossa; at its inferior surface were some convolutions.

More than two quarts of clear serum were contained in one large central cavity, all traces of separation between the lateral ventricles being annihilated by the absence of the fornix and septum lucidum and the falx; the corpus callosum and choroid plexus were also absent. The posterior cornua of the lateral ventricles were also absorbed in this central cavity, on looking down into which, through the fluid, from an opening in the upper part of the brain, we could observe, in the situation of the left optic thalamus, two small very thin sacs, formed of the medullary portion of the brain, raised by fluid underneath. The third ventricle was very shallow; there was no soft commissure nor Pineal gland. An ill-formed narrow band of nervous structure stretched from the left side of this large cavity obliquely forward to join the right corpus striatum. The corpora striata and optic thalami were flattened. There was no lymph, nor any evidence of inflammatory effusion, on the inner surface of this cavity, which, formed of the white structure of the brain, was lined by a dense serous membrane, under which were observed small red vessels. The brain at its upper surface was not more than a few

[1] This patient, who survived the operation so long, proves the error of Petit, who expresses his sorrow that all patients who underwent this operation died; for if a large quantity of water were drawn off, they expired in four or five hours after the discharge; if less be drawn off, they died more slowly, but never survived the operation above forty hours. *Van Swieten's Commentaries*, vol. xii, p. 248.

lines in thickness. The cerebellum was very soft. The nerves were all perfect. The points at which the trochar entered the brain were completely closed; they could not be discovered on the outer surface of the brain, but were marked at its inside by very small dark cicatrices.

Dr. Watson states,[1] that the fluid of hydrocephalus does not coagulate; and the analysis of Bostock, Marcet, Barruel, Berzelius, and John shew that this fluid is of the lowest specific gravity, and contains the smallest quantity of albumen and of saline ingredients, of all the dropsical fluids; according to Dr. Marcet,[2] its specific gravity is 1006·7. The changes in the specific gravity of the fluid, extracted at each puncture, sufficiently indicate the alteration in the amount of albumen. The examination of the fluid, after each operation, was kindly undertaken by Mr. Moore:

1st	Puncture,	March 20th,	amount withdrawn,	17 oz.	sp. gr.	1007
2nd	...	May 10th	... ...	6½	...	1014
3rd	...	... 24th	... ...	9	...	1012
4th	...	June 4th	... ...	11	...	1010
5th	...	... 21st	... ...	13	...	1008·5
6th	...	July 5th	... ...	11½	...	1006·5
7th	...	... 23rd	... ...	10	...	1007
8th	...	August 3rd	... ...	11	...	1006·5

Albumen was always present, but in very variable proportions; the quantity was sometimes very great, as at the second and third punctures, when it nearly equalled that in the fluid of ascites, forming, when heated, a solid mass like coagulated white of egg. It sometimes amounted to a mere trace, and the specific gravity was influenced by the amount of it present, so that the former became a measure of the quantity present. Nearly the same salts were found in all the specimens, and generally in about the same proportions, viz., a large amount of the chlorides of potassium and sodium, small quantities of the sulphate of soda and phosphate of lime, and a little free alkali, which always gave the fluid an alkaline re-action. On one occasion, Mr. Moore observed, on examining the fluid with the microscope, a crystal of oxalate of lime; and among the occasional matters observed by the same instrument, were bodies resembling mucous granules, flakes of coagulated albumen, blood-corpuscles, a few fat vesicles, vibriones in the warm month of July, and after the fluid had rested twenty-fours hours, and scales resembling epithelium.

The next case was more speedily fatal, from the effects of inflammation.

Case II. Congenital Chronic Hydrocephalus. Puncture of the Head. Brain Malformed. John Webb, aged nine months, was admitted under my care on the 26th March, 1849. The mother had had but one other child, which died of convulsions when a few weeks old. The father was rather silly. This child had been born prematurely, and was very small at birth. He had slight divergent strabismus since his first month, but his head had been of abnormal size until he was two months old, when he had some fits. He had not vision since. The eyes were greatly depressed, and the eyelids covered with mucus; the pupils were nearly concealed by the lower lids. Above the eyes, the orbital plate of the frontal bone, pressed downwards and forwards, crepitated under the finger. The head was of enormous size, twenty-four inches by fourteen inches and three quarters; there were very large blue veins in the scalp; one in particular on each side in a wide and deep groove in the skull, on each side, down the side of the head to the front of the ears. His head was enlarging daily; he could not support it. His flesh was partly wasted, and very flabby. He at night felt fits of pain, from which he cried and roared. Since his seventh month, he had got two lower incisor teeth. Pulse 72, very weak, small, and irregular; stools natural; he passed much water; recognized no one, but used sometimes formerly to laugh; eat nothing. The mother was very delicate, with very little milk. 31*st*. Pulse 86. Did not

[1] Library of Medicine, vol. v, p. 141.

[2] Copland. l. c, p. 606.

now sleep overmuch, as he used; he often vomited his food; (he had been weaned since last report;) drank and eat much; yawned repeatedly; head tense. I this day, in presence of Dr. Churchill, introduced the trochar, as in the preceding case, but without using the exploratory needle. The point of the trochar had scarcely entered, when a clear fluid began to flow, of which I removed nine ounces. The child got pale and vomited in a quarter of an hour. I closed the head in a double-headed roller. *April 1st.* He slept only a couple of hours last night; mouth hot; lips dry; very thirsty. Pulse 120. Head hot; skin cool; cried lustily; saliva ran from the mouth; bowels free; no stiffening. *4th.* Pulse not to be felt; legs and arms straightened; thumbs and fingers flexed. No unnatural heat of body or of head. Could not open his mouth, the jaws being firmly closed; eyes half open, and glassy; breathed naturally. Left pupil dilated; he took some drink at 10 o'clock last night. *5th.* Had been perfectly inert, only moving his head from one side to the other. Breathed easily this morning, but latterly with a catch. Heat of skin rather below natural. The head appeared much smaller than before the operation. Hands clenched, arms and legs rigidly extended. At 12 o'clock, I directed him to get a continuance of wine whey and weak chicken's neck tea; but at 6 P.M. I found he had had nothing since I saw him in the morning. He was then breathing naturally, but was entirely cold. I had some wine-whey made, of which he swallowed some; but soon afterwards breathing ceased by degrees, and he died in my presence, without the possibility of fixing on the period.

Post-Mortem Examination, 13 hours after death. The head measured twenty-two by fourteen inches. Body not rigid. There was some attempt at completion of the parietal, frontal, and occipital bones; but the greater part of the head was covered by nothing but skin and *dura mater*. I stripped off the scalp in the usual way, and, with a pair of common dressing-case scissors, I easily made the horizontal section of the bones and *dura mater*, previous to which I in part emptied the head of the fluid by an opening at its top, by which it was at once seen that the fluid was in the brain, and not within the arachnoid membrane. There was little blood in the longitudinal sinus. The falx was very shallow and imperfect. The convolutions on the upper surface of the brain were obliterated. The brain formed a large bag, containing more than two quarts of clear fluid. It was, about the falx, so very thin, as not to be discernible. It was generally hard, and of a greyish colour. At its back part, the white substance, to the depth of a line, was perceptible. In some parts in the interior, it was softened, and presented large red vessels ramifying under its serous lining. There are large, loose, soft flakes of lymph covering these vascular patches, which were principally on the left side, and posteriorly; they were less on the right. None of the central white parts of the brain were present. There was no corpus callosum, fornix, septum lucidum, fifth ventricle, or choroid plexus; and the same may, to a certain extent, be said of the optic thalami and corpora striata, from their flattened and unnatural appearance. The third ventricle was greatly enlarged, from the separation of these parts by the contained fluid. There was no soft commissure. The optic and olfactory nerves were yellowish and easily torn. The other nerves were healthy. The medulla oblongata, cerebellum, pons Varolii, and crura cerebri, were healthy and hard. The specific gravity of the fluid withdrawn was 1006·5; it contained the same salts as were present in the fluid of the preceding case.

These and other cases have proved to me the extreme rarity of Hydrocephalus in children, from sanguineous effusion into the archnoid. With the exception of the cases of sanguineous effusion observed by MM. Serres,[1] Legendre,[2] and Rilliet and Barthez, I know of no others observed in children.

[1] Annuaire Méd. Chir., p. 189. 1819.
[2] Révue Médicale, Dec. 1842—March 1843.

Mr. Prescott Hewett[1] and Dr. Barrowes[2] are the only persons in this country who have noticed it in adults. Dr. West never saw a case, proved by dissection, of external or arachnoid Hydrocephalus; yet he says, "I should regard any case as favourable for operation which, on the whole, there was good reason for believing to be one of external Hydrocephalus, or in which the enlargement of the head had not been attended with indication of active cerebral disease. Though less promising, I should not reject the operation simply because enlargement of the head had been congenital; while I should always be more ready to operate if nutrition were well performed, than if the child were emaciated."[3] The *post-mortem* examination of Deering's case, could alone convince me it was not one of arachnoid Hydrocephalus. The fluid withdrawn was bloody up to the last tapping, although congenital; nutrition was very well performed, and the child had the exercise of all its organs. Again, Dr. West states, "I regret I cannot answer, so satisfactorily as I could wish, as to the applicability of pressure in these cases. It is my belief, however, that cases of external Hydrocephalus would be found better adapted than any others, to treatment by mechanical means."[4] I believe that it was unsuited to, and even the cause of death in the same case, by forcing the fluid in the inferior cornua of the lateral ventricle, through the optic thalamus, into the two sacs found protruding that part into the large central bag. In a case of Trousseau's, the ethmoid bone was detached from its connections, and the infant died from the effects of compression by adhesive plaster.[5]

It is my opinion, therefore, that in cases of Congenital Chronic Hydrocephalus, with enlargement of the head, neither pressure nor puncture are to be relied on as a means of cure. These may be employed with effect, possibly, in cases arising from sanguineous effusion; but we have still to learn what are the characteristic types of this affection. Patients with congenital Hydrocephalus, in which either of these methods have been tried, are supposed to have been cured thereby; but hydrocephalic patients will survive without either of these means being adopted; and if they do, it is only to be a burden to themselves and their friends. Mr. Dendy is of the same opinion.[6] The truth is, that effusions of fluid, constituting Chronic Hydrocephalus, are, comparatively speaking, very rarely found in the bag of the arachnoid, or between the membranes of the brain. Dr. Monro says, "As I have not met with a single case in which the water was entirely on the outside of the brain, I cannot help suspecting that this happens much more rarely than is supposed by authors."[7] Breschet states that the fluid may be found, 1st. Between the dura mater and the internal periosteum; 2nd. between the dura mater and the cranium; 3rd. between the dura mater and the arachnoid; 4th. in the cavity of the arachnoid; 5th. in the ventricles; 6th. in the laminæ of the pia mater. This division is only made in obedience to the views of systematic writers on the subject. In all the examples given by him, the fluid was contained in the ventricles. Peter Frank divides internal dropsy of the head into *hydrocephalus meningeus*, where the fluid was found between the membranes of the brain; and into *hydrocephalus encephaloides*, where it was found in the cavities of the brain itself. This last is the most frequent. Dr. Watson[8] says, "When the cerebral ventricles are distended with water, we express the

[1] Medico-Chir. Trans., vol. xxviii, p. 45. 1845.

[2] Medical Gazette, vol. xvi, p. 710. A case of hæmorrhage into the arachnoid is given in the Medical Press, vol. v, p. 326, by W. S. Stanley; and in the Gaz. Méd. de Paris, 1834, p. 526, a case of Hydrocephalus from this cause is detailed by Bérard.

[3] On Diseases of Infancy and Childhood, p. 93. [4] L. c., p. 92.

[5] Journal de Médecine, April 1843.

[6] Winslow's Psycholog. Journ., Monograph, p. 12. See also Van Sweiten's Commentaries, vol. xii, p. 248.

[7] On the Brain, the Eye, and Ear. [8] Library of Medicine, vol. v, p. 97.

diseased condition by the term Hydrocephalus"; and Mauthner[1] states, that the fluid in congenital Hydrocephalus is found in the lateral ventricles; and Meckel,[2] that "all observers agree in this, that in ventricular Hydrocephalus the brain represents a thin membranous bladder filled with water, whose quantity varies according to the stage of the disease, and which by its form and structure appears to indicate at one time a more early, at another a later period of its development."[3]

I have seen nowhere described a case of *External Encysted* Hydrocephalus like the following. The subject of it was a young male, found in the dissecting-room of the Royal College of Surgeons of Ireland, of whom no history could be procured. The preparation is preserved in the museum of the College. It consists of a bag of extremely delicate and semitransparent texture, capable of holding about six ounces of fluid, and tacked at several remote points by fine membranous adhesions to the serous surface of the dura mater lining the parietal bones. This bag was perfectly insulated, except from the adhesions first-mentioned. When first examined, it was plump, and filled with a clear thin fluid, which by its pressure, had produced a fossa, proportionate to its size, on the upper surface of the brain, and which fossa, or depression, remained when removed from the influence of the bag. The brain and membranes were otherwise perfectly sound.[4]

Neither have I anywhere seen, with the exception of a case by Dr. Houston, a description of *Internal Encysted* Hydrocephalus, such as existed in the two following cases, in both which, the brain was malformed.[5] The brain of the first of these cases, I lately exhibited to the Surgical Society of Ireland.

Case iii. Congenital Hydrocephalus. Brain Occupied by Cysts and Scrofulous Material. Malformation of Brain. Catherine Markey, aged six months, was admitted to the Institution for Diseases of Children, July 9, 1849. Her parents were young and healthy, and she was their first child. She was seized with fits shortly after birth; they continued to be repeated for some time. Her head had been of natural size until three or four weeks after birth. It was seventeen inches and a half in circumference, by ten and a quarter from the tip of one ear to that of the other. The frontal bone was divided into two portions, and the head was open from the root of the nose to the occipital bone eight inches, and four inches and a half laterally between the sphenoid bones. She could not hold it erect; it fell to whatever direction it was inclined. There was no power of vision, and the eyes were very much depressed, but were straight; the pupils were natural, and in great part concealed by the lower lids; the thumbs were turned in. The infant was very cross, except when in her mother's arms; food composed entirely of her mother's milk; she slept in day-time, not at all at night; she yawned continually; head hot. *August 15th.* I this day tapped the head, introducing a very fine trochar, about an inch from the central line, in the situation of the anterior fontanelle, and removed two ounces of a perfectly clear and transparent fluid. She cried during the operation. The reason I withdrew no more fluid was, what surprised me much at the time, but is explained by the post-mortem examination, that no more of it would come off. This fluid was examined by Mr. Moore, who described it as "perfectly clear, and nearly as colourless as water. It was slightly alkaline: sp. gr. 1006. It contained but a trace of albumen, becoming milky on the addition of dilute nitric acid, but forming no decided precipitate. It contained a large amount of chlorides, with some sulphate and phosphate of lime. This specimen contained more chlorides and sulphate than the former one,

[1] Die Krankheiten des Gehirns, etc. Wien: 1844.
[2] Dict. des Sciences Médicales. Art. Hydroceph. Chronique.
[3] Pathologischen Anatomie, Bd. i, p. 269.
[4] Catalogue, Museum Royal College of Surgeons, vol. ii, p. 206.
[5] Vide Dublin Medical Press, February 20, 1850.

and much less albumen." *October 1st.* Her head is twenty inches by twelve. (Her mother's head was only one inch and a half in circumference larger, and was less than twelve inches from ear to ear). The infant was constantly grinding her gums. The orbital plates, instead of forming a right angle with the frontal portions, formed a circle with these parts. The eyes were partly sunk below the lids; the left was lower than the right, and was not closed during sleep. Her head, where unossified, was diaphanous; on applying the stethoscope to it, nothing could be heard. *November 5th.* Head twenty-one by thirteen inches; it had increased in size much superiorly. The openings of the head were eleven by seven inches. There was a space of nearly two inches between the parts of the frontal bone; the frontal bones projected much over the face, and laterally, and the entire head was manifestly greatly enlarged. The eyes were constantly in motion when awake, and generally strongly directed to the right, but I never saw them turned upwards; she slept with the eyes half open; they nearly closed when a candle was approached to them. Her legs and arms were rigidly flexed, and on trying to extend them, she cried; the fingers were stretched and separated. She started frequently; rolled the head about, and chewed. The veins of the scalp laterally, and of the forehead, were much distended, and the root of the nose, between the inner corners of the eyes, was black from the same cause. Her hair was very thin, jagged, and partly erect; the back of the head was nearly bald, apparently from the pressure of her mother's hand in keeping the head up in her arms. Her mother gave me, as an objection to taking her out, that whenever she did so, the child always got severe fits of dyspnœa from the wind. As a matter of curiosity, I one day gently blew upon her face, when, to my surprise, every time it was done, she drew with a noise a deep sigh, during which her tongue was slightly protruded, both arms were thrust forwards, and she appeared to suffer considerable distress. The same result followed every repetition of the experiment. *December 31st.* The infant was much quieter; arms rigidly flexed; hands elevated and pronated; legs flexed and rigid; she constantly moved the mouth and lips, as if tasting something; great projection and tenseness of the soft parts of the head; bowels too free. She continued in the same state until the 24th of January, when she died, without convulsions, aged one year and four days.

I considered it useless to repeat the operation of tapping the head. She never made an attempt at uttering an articulate sound; could not recognize her parents, and it seemed to me very doubtful if she had the sense of hearing.

On the 22nd of November, Mr. Moore examined the urine of this child. It contained a small proportion of urea; was alkaline and ammoniacal; a deposit found in it contained numerous prismatic crystals of triple phosphate and some phosphate of lime. On November 30th, it was feebly acid, contained some urea, exhibited oil-globules under the microscope, and yielded fat to ether.

Post-mortem Examination, eight hours after death, by myself and Mr. Leeper. The limbs were quite rigid, occupying the same position as during life; the head very soft, the bulging of the soft parts having disappeared; emaciation excessive, the integuments of the buttocks lying literally in bags; the belly was very large and tympanitic; the glands of the mesentery were greatly enlarged; the lungs were quite sound. The integuments of the head were very thin; no fluid was contained within the sac of the arachnoid; the convolutions were indistinctly marked. There was nearly a quart of fluid in the lateral ventricles, in various cells anterior to them, and in the centre of the brain. The cells in each hemisphere communicated indirectly and indistinctly; they were of all sizes, the largest holding more than two ounces of fluid, and they were lined with a fine smooth serous membrane. In puncturing the brain, the trochar had entered one of these cells. The brain over these cells was exceedingly thin, being not thicker than a sheet of

writing paper. The inferior cornua of the lateral ventricles were lined by serous membrane, under which appeared long fine red vessels, and were largely dilated by liquid; but they did not communicate, as between the two was a large transparent distended sac, holding four or five ounces of fluid, lying directly under the lower edge of the falx. On the anterior part of this sac, for about one inch, were a few very indistinct whitish transverse fibres, representing probably the remains of the corpus callosum. Underneath this cyst, was still another one. No part of the substance of the hemispheres was of a natural density. It was tough from the various cells, or hard and resistent to the knife at the outer parts of the lateral lobes, in which were imbedded irregular-shaped yellowish nodules, of the size of a garden bean, much harder than the central substance, which around them was quite fibrous. These nodules had much the appearance of scrofulous tubercles, but they were not separable from the surrounding brain, as these usually are. That they are closely allied so scrofulous exudation, would, however, appear from the result of the examination of a portion of them by my friend Dr. Carte, who found it composed of "compound granular cells and molecular matter. There were not observed either brain-vesicles or nerve-tubes." The interior of the brain was without blood, except the small veins underneath the serous lining of the lateral ventricles; there was a small quantity in the longitudinal sinus, much more in the straight and lateral sinuses. The brain was unnaturally adherent to the base of the skull from the optic nerves posteriorly to the medulla oblongata, which was firmly united to the surrounding bones by a structure, essentially fibrous. The falx, which was perfect and very deep, was also unnaturally adherent to the hemispheres by old adhesions, which readily gave way by pressure with the handle of the knife. Between the medulla oblongata and left hemisphere of the cerebellum, in the subarachnoid space, was a cyst capable of holding more than an ounce of fluid; it had separated the convolutions of the cerebellum. The cerebellum was of natural size, but was very soft, as were also the crura cerebri. The pons Varolii was very diminutive, being scarcely larger than the medulla oblongata, which was very hard. The olfactory nerves were very soft; the optic seemed natural, as also the third and fourth; the fifth, sixth, seventh, eighth, and ninth, could scarcely be distinguished, being intermixed with the fibrous morbid growth already described as surrounding the medulla oblongata. There was no fornix, septum lucidum, fifth ventricle, soft commissure, choroid plexus, optic thalami, corpus striatum, or pineal gland. The tubercula quadrigemina were very indistinct; there was no iter e tertio ad quartum ventriculum, the fourth ventricle forming a little sac, closed on all sides.[1]

Dr. Houston, in the fifth volume of the Dublin Hospital Reports, has given the description of a very rare form of Hydrocephalus, somewhat similar to this case. The patient, a healthy-looking female infant, was affected on the day after its birth with slight convulsions. About the sixth week, the convulsions ceased, but the child became more stupid, and the head began to enlarge. Its ears were sensible to sounds, and the sense of taste seemed unimpaired; but its eyes, which were rolled downwards, appeared incapable of being affected by light. When a year old, the head was enormously large and heavy, the fontanelles broad, and fluctuation was perceptible all through the cranium. At intervals, the infant voided large quantities of urine, the evacuation of which was manifestly followed by a diminution in the size and tension of the head, and by alleviation of the stupor. The bowels were always costive, and it slept continually, except when affected by hunger and thirst. It lived for one year and seven months; and, for several days before death, it had severe convulsive twitches. The weight of the head appeared equal to

[1] A preparation of the malformed parts of this case, along with the tubercular material, and a cast of the head, is preserved in the Museum of the Royal College of Surgeons of Ireland.

the entire weight of the body. A preparation of the brain, preserved in the museum of the Royal College of Surgeons, presents the convolutions broad and flattened; and such was the quantity of fluid in the interior, that on the removal of the membranes, the brain could with difficulty be supported entire. In the situation of the corpus callosum, a transparent membrane existed, scarcely concealing the fluid underneath. The lateral ventricles were vastly dilated by a limpid fluid, and thrown into one common cavity by the absorption of the septum lucidum; they were likewise, as here shown, rendered multilocular by the presence of several firm, opaque, projecting folds. But, in addition to the ventricular accumulations, various sized cysts exist independent of them, and which continued to hold a fluid after the evacuation of the water from these cavities. There are two such cysts, each of the size of an almond, in the site of the fornix and optic thalami. Two others exist in the anterior lobe of the right hemisphere, each capable of holding from one to two ounces of water, and perfectly distinct from each other and from the neighbouring ventricle. Those cysts were distended with fluid, and lined with membranes of the same character as those of the ventricles. The cerebral matter in their neighbourhood had undergone little or no change from that observable in other parts of the brain. The cerebellum and pons Varolii were both very small, and much softened in texture. The nerves were perfectly formed and distinct at the point of their exit from the skull, though their origins from the brain could with difficulty be traced.[1]

Case iv. Encysted Internal Hydrocephalus. Brain Malformed. Robert Carroll, aged seven months, was admitted under my care, July 16, 1849. His head was not larger at birth than natural, nor until he was six weeks old. He was the fourth child of his parents, who were both young; the father was addicted to drinking. Two of their children had died at birth, another was alive and healthy. This child had a fit when one month old. Since his third month, the head had remarkably enlarged. It was now twenty inches and three quarters by twelve inches. He could not support it, nor even turn it; it was very tense. The body was well formed, except an inguinal hernia; hands clenched; he seemed to have the use of his legs; the eyes looked healthy, but he did not appear to see. The pupils were not dilated, and contracted when placed in the sun's light; he cried much, and was very stupid. *October 6th.* He preferred to have his head hanging on his mother's arms, lower than his body. Head twenty-one by twelve inches; face yellowish; the eyelids closed in the sun, and when asleep he directed his eyes from side to side, but never raised them upwards, or the pupils above the lower lids. He used to vomit more than now, which was not much. He frequently started as if frightened, but used to do so more often; slept well at night; legs stiff, hands contracted. His mother stated that he did not seem at all sick. *November 15th.* Head diaphanous, twenty-one by twelve inches and a half. The sagittal and coronal sutures were nine and five inches in length. Frontal bone not divided. The lamdoid suture unclosed. Flesh very soft and wasted; he started up frequently; legs and arms flexed and he cried whenever an attempt was made to straighten them. The anterior fontanelle was distended and tense. Bowels habitually confined; constant yawning. Urine muddy; examined by Mr. Moore, it was found feebly acid, sp. gr. 1014; urea normal; no albumen; deposit of triple phosphate and phosphate of lime. *January 26th*, 1850. Head twenty-one and a half by thirteen inches. The soft parts of the head were more distended and tense. Slight convergent strabismus of left eye. The stethoscope indicated nothing. *February 1st.* Had a number of spots of purpura on his head, face, and back of neck; none on his legs. *20th.* Died this morning, the purpura having become faint, with vibices on his head and legs. For some days had purging of a slimy bloody matter. He was aged one year and one month.

[1] Dublin Hospital Reports, vol. v, p. 327.

Post-Mortem Examination, nine hours after death. Head excessively soft; no fluid in the arachnoid; convolutions flattened. The brain was superiorly very thin; at the posterior part of the left hemisphere, for the space of an inch, none of it existed, the fluid within being visible under the arachnoid. The fluid, a perfectly clear liquid-like water, to the amount of nearly a quart, was contained in both hemispheres, in a distinct, smooth, serous cyst, unconnected with the ventricles. These cysts had, on the left side, three or four very fine and tough strings running from one side to the other; on the right side there was but one, nearly a quarter of an inch in diameter. These cysts occupied the whole of each hemisphere, from front to rear; they did not communicate; the falx between them was very perfect and very deep, and was united to each hemisphere by old and easily fragile adhesions. There was no blood in the longitudinal sinus, very little in the veins of the pia mater, and none in the brain which altogether was very solid. The pons Varolii and medulla oblongata might be said to be unnaturally so. The corpus callosum, very tough, existed. The lateral ventricles contained about one ounce of fluid. The soft commissure and tubercula quadrigemina, the anterior commissure, and the anterior pillars of the fornix, all distinctly existed; but a strange alteration possessed the other parts of the lateral ventricles. Apparently from the compression of the cysts on each side, the corpora striata, instead of being, as natural, nearly horizontal, were perpendicular; the optic thalami were very small; and the left thalamus had connected to it, nearly its entire length, the corresponding part of the fornix; the right thalamus was also connected, but to a less degree, with the right side of the fornix, which was very narrow and hard, and which, by its connexion with the optic thalami, interfered with the connexion of the velum interpositum and choroid plexus; the right side of the fornix was imperfect. The choroid plexus was natural, but hard; the walls of the fifth ventricle, nearly half an inch in depth, were very hard and thick, and were posteriorly entirely separated from one another, forming a direct communication with the third ventricle. The hippocampi majores were very large, and carried forward into the anterior cornua of the lateral ventricles; they were not symmetrical, and the tæniæ hippocampi were not visible. There was no pineal gland.[1] On the surface of the brain, in the right temple, was a clot of blood of the size of a threepenny piece, adherent to the arachnoid, and some blood was diffused on the skull in its vicinity. The petechiæ traversed the skin, and were seen at its under surface.

Such cases as the two last, we have no means of distinguishing from ventricular Hydrocephalus. The symptoms of both are the same; and the appearance of the head is identical in both. The parents of Case No. 3 would not again consent to the operation, from which I could promise no good result; and, for the same reason, the parents of Case No. 4 were not induced to agree to its performance, which indeed I regard as very fortunate, as it would have proved utterly useless.

These two cases disprove an error of Breschet's, who says, that the urine only deposits a whitish sediment during the course of internal Chronic Hydrocephalus, when the symptoms of acute dropsy of the cerebral ventricles are manifest.[2] In both there was such a deposit.

As to the cause of this encysted internal Hydrocephalus, I entirely agree with Dr. Carte; who, from a conversation I have had with him on the subject, is of opinion, that it is a form of hydrocephalus quite independent of inflammation, and arises from what may be termed an arrest of development of the proper brainy material. Fourcroy has noticed the large admixture of water

[1] A preparation of the cerebellum and malformed part is preserved in the Museum of the Royal College of Surgeons.

[2] Dict. de Médecine.

with the cerebral substance, and has pointed it out as one of those animal substances in which water exists in the largest proportion ; constituting three-fourths or four-fifths, and, in many instances, seven-eighths of its entire weight. This fact, as well as the small proportion of its other constituents, is well seen in the following table by L'Héritier :—

	Infant.	Youth.	Adults.	Old Men.	Idiots.
Albumen	7·00	10·20	9·40	8·65	8·40
Cerebral fat	3·45	5·30	6·10	4·32	5·00
Phosphorus	0·80	1·65	1·80	1·00	0·85
Osmazome and Salts...	5·96	8·59	10·19	12·18	14·82
Water.....	82·79	74·26	72·51	73·85	70·93
	100·00	100·00	100·00	100·00	100·00

Dr. Carte thinks it not improbable, that some one of these principles is wanting in the young subject ; and that the water being, on the contrary, in excess, and not meeting the other constituents in a proper chemical proportion to form the brainy material, this disease is produced in the same manner as rickets, from want of a due proportion of phosphate of lime. From the comparative analysis above stated, it appears that the minimum of phosphorus exists in infancy, in idiotcy, and old age ; and that the maximum of water is found in the infant. This latter fact, says Mr. Anderson,[1] is of practical interest, and affords some explanation of the *greater tendency to liquid effusions in early childhood* than in more advanced life. I cannot help regretting my inability to procure a correct quantitative analysis of the brains in Cases 3 and 4. At all events, this explanation of the cause of encysted, as well as ventricular Chronic Hydrocephalus, would confirm the views of Spengler and Barruel, as well as those of Barrier, Copland, Breschet, and Rilliet and Barthez, relating to the non-inflammatory origin of Chronic Hydrocephalus.

In the London Medical Gazette, April 15, 1842, Dr. West has drawn up an account of sixty-three cases of Chronic Hydrocephalus, in which the head was punctured. In two of the cases the puncture was accidental ; while in five instances, the results were not such as would justify classing the cases either as fortunate or as unsuccessful. Fifty-six cases then remain, in forty of which the patients died ; while in sixteen they are alleged to have recovered : in other words, the proportion of recoveries to deaths was as 1 : 3·5, or two out of seven of the total cases,—a comparison which Dr. West, still considering as correct, has adopted in his recent work on Diseases of Children. These figures would indeed indicate a very favourable result of the operation of tapping the head ; but a careful examination of the so-called successful cases, cited from Monro, Lizars, Russell, Graefe, Bedor, Marsh, and Conquest, renders their success very doubtful.

Ten of the cases are those supposed to have been cured by Dr. Conquest, all of which I cannot admit to have been successful. *Neither does Dr. Conquest himself assert, that he cured ten cases out of nineteen.* He says ten were living when last heard of, and nine were dead, "but it is only fair to state, that as most of these children were amongst the lower classes of society, who are continually changing their residences, several have been lost sight of, and *may now very probably be dead*, although when last seen, some time subsequently to their being operated on, they were living."[2] Before any case can be admitted to have been cured by the operation, it must be shown that a considerable time elapsed since its performance, and that during this period the health of the patient was perfectly good. Dr. Conquest, in his total number, operated seven times, once ; five times, twice ; three, thrice ; twice, four times ; twice, five times. The three cases given as cured, he punctured, once, twice, and five times. In the others only temporary relief was afforded, from the

[1] Todd's Cyclop. of Anatomy, etc., Part xxv, p. 588.
[2] Medical Gazette, vol. xxi, p. 969.

reluctance of the patients to have the operation repeated. One of the cases reported as cured was brought to America, aged two years six months. In another, five years after the operation, ossification was incomplete at the posterior fontanelle, and there were two openings in the coronal suture. In the third, eight years after the operation, the head was too large, but not larger than before she was operated on. In fifteen out of the nineteen cases of Dr. Conquest, no particulars are given beyond the mere statement of the number of punctures, and the quantity of fluid removed. His directions, moreover, for performing the operation of tapping the head, are very vague and unsatisfactory.

The table of Dr. West's cases shows, he says, that sometimes the puncture was followed by an almost immediate aggravation of the cerebral symptoms, and by death; usually, however, a degree of apparent improvement followed the puncture, but the fluid soon collected again, and less marked relief followed the second operation. With its repetition, the quantity of fluid increased; and, while the size of the head continued undiminished, or even grew larger, the body of the patient became emaciated, and death either took place from exhaustion, or cerebral symptoms came on, and life was terminated either by coma or convulsions.[1] Mr. Fergusson says,[2] that in one of his own cases, there was no improvement after half a dozen different operations, while sixty ounces of fluid were evacuated; and though the child was yet alive, and the proceeding had not been repeated during twelve months, he doubted if the operation was of the smallest permanent service. The undiminished size of the head, in consequence of tapping it, was remarkable in another of Mr. Fergusson's cases, as it was in case No 1. of my own. Mr. Holbrook[3] despaired of curing a case after he had punctured the head three times; and Kilgour,[4] after repeating the operation four times, and withdrawing fifty-one ounces of fluid, left the case to nature, perceiving that the head was steadily growing larger, notwithstanding the punctures. In Dr. Conquest's three cases reported as cured, the head was not diminished in size; in Graefe's, it is reported to have had the same circumference (18½ inches) as before the operation. In Mr. Kitsell's, it is stated to have retained its diminished size; while, in Dr. Whitney's, it was too large, and in Edwards' case, there is no account of the size of the head.

According to Mr. Fergusson, tapping the head is a proceeding which can be thought of only in early infancy, while the over-distended cranium is yet soft and pliable;[5] and this is the general view of all the operators, with the exception of Dr. Conquest, who states, that "in no instance has clearly-marked congenital disease been permanently benefited, and those cases have done best, in which effusion manifestly resulted from inflammatory action, and in which cerebral excitement followed the operation",—an opinion not seconded by any one. The conclusion we are justified in holding, from an examination of the sixteen cases reported by West, is, that not more than four of these (Graefe's case, and three of Conquest's, which I still look on as doubtful) were cured.

There are three other cases reported as cured by Drs. Whitney,[6] Edwards,[7] and Kitsell.[8] Whitney punctured the head twice, and withdrew nine ounces the first, and five ounces the second operation. Dr. Edwards' case was aged fourteen months when he tapped the head, and drew off eight ounces of reddish fluid. The trochar was introduced an inch, and there ensued an oozing of blood from the nostril for twenty-four hours. After the lapse of seven years, the child is reported as a fair scholar, and with every faculty good, but

[1] Medical Gazette, 1842, p. 138. [2] Syst. of Pract. Surgery, p. 490.
[3] London Medical Repository, vol. xxiv, p. 345.
[4] Edinburgh Med. and Surg. Journal, vol. liii, p. 303. [5] Loc. cit.
[6] American Journal of Medical Sciences, October 1843, p. 303.
[7] Edinburgh Monthly Journal, p. 398. 1846.
[8] American Journal, January 1850, p. 218.

to be increasing in height more slowly than is usual at his age. Mr. Kitsell's case was his own son, on whom he operated but once, at the age of eight months ; sixteen ounces of a limpid colourless fluid were withdrawn. Instead of closing the wound with a compress and retentive bandage, the discharge of the fluid was encouraged by occasionally cleansing and opening the puncture, thus allowing it to escape probably as fast as it was secreted, and which continued about five days and nights, gradually subsiding after soaking a large number of napkins ; the total quantity being computed at about four pints. At the end of nearly four months, the account is given of his being restored to perfect health, the head retaining its diminished size, the various sutures being closed, the anterior fontanelle much contracted and flaccid, and the cerebral pulsations being distinctly felt. I look on four months as too short a time, to record a patient cured by the operation of tapping the head.

The forty unsuccessful cases quoted by Dr. West are not the only cases on record in which paracentesis of the head had failed. From an examination of ancient and modern medical writers, we discover numerous cases unsuccessful, which, along with the forty cases in Dr. West's table, give about 100 unsuccessful against seven alleged successful cases, or, in other words, one patient in fourteen was cured by puncturing the head. But this proportion I do not regard as by any means exact, as I have known of the operation having been performed in Dublin about ten times unsuccessfully, and I have heard of others in the country in which it was undertaken ineffectually. Unfavourable results are seldom recorded. We can now understand why the operation has been denounced by Portenschlag, Borsieri, Mercati, Dupuytren, Physick, Portal, Paré, De la Motte, Boyer, Heister, Boerhaave, Breschet, etc., and only wonder at the error of one of the writers of the British and Foreign Medical Review, who says, "Making allowance for the fallacy of medical testimony in wonderful cases, which we are fully inclined to do, we will estimate the successful cases at *one-third*, and ask if any other remedy in this disease has been equally fortunate ?"[1] In abdominal dropsies, "it must be remembered that paracentesis can seldom be contemplated as a mode of cure, but simply of temporary relief from distress";[2] "and although it should not be proscribed from practice", says Dr. Copland,[3] "I believe the cases are few that will be benefited, and still fewer that will be cured by it." In hydrocele of the *tunica vaginalis testis*, it is long since a radical cure of it has been attempted, by the inflammation produced by incision, excision, tents, setons, and injections : and if, in these two forms of dropsy, in which the containing parts naturally return to their proper position after the withdrawal of the fluid, a cure by its simple removal is so rare an occurrence, a reason is afforded us why dropsy of the brain, the parts of which cannot reassume their natural position or structure after the withdrawal of the fluid, is not to be cured by paracentesis of the head.

To induce inflammation in the brain is death. The operation "is certainly one attended with considerable immediate danger, not from the puncture, which is a very simple matter, nor from the sudden escape of a fluid, nor from the wounding either a vessel or the brain, but from the inflammation likely to succeed."[4] [Abridged from *Edinburgh Medical and Surgical Journal, No.* 184.]

AUSCULTATORY SIGN OF ENLARGED LIVER.

Dr. Walshe has described in the *Lancet*, a stethoscopic indication of enlarged liver, under the name of "*hepatic compression rhonchus.*"

"It coexists with inspiration only, or indeed, seems to be rather superadded to it, not commencing until the inspiration-murmur appears almost at an end.

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[1] British and Foreign Medical Review, vol. xii, p. 119.
[2] Watson, loc. cit., vol. v, p. 155.
[3] Loc. cit. p. 632.
[4] Fergusson's Surgery, p. 490.

Its evolution is peculiarly slow, drawling, and (if I may be allowed the expression) lazy, being, in this respect the exact reverse of that of the crepitant rhonchus of pneumonia. It consists of a variable (but commonly a great) number of excessively fine, dry crepitations, rather superficial than deep-seated; is rendered audible by forced inspiration only, and may be heard in front, at the side, and in the back of the right half of the chest (least commonly in front, however), at or near to, the upper edge of the liver. Its existence is completely independent of any lung-affection; and I have never found it on the left side, in these cases of liver-enlargement. The characters of this rhonchal sound are so peculiar, that a mere tyro would be able to distinguish it from all other varieties of rhonchus,—it differs essentially, as I have just proved, from crepitant, subcrepitant, and dry crackling, pulmonary rhonchi, and from pleural rhonchus. Of its mechanism I am not prepared, at present, to offer any demonstration; but it appears to me to be most feasibly explicable as follows:—The lower portions of the lung, pressed upon by the enlarged liver, undergo a sort of creasing, or condensation, which, in ordinary breathing, interferes with their expansion. By forced inspiration, the portion of lung implicated will readily be understood to be *uncreased*, and so conceivably a series of sounds, such as I have described, is produced. Another fact strongly corroborates this hypothesis—namely, that it often ceases to be audible, for a time, after from one to five or six forced inspirations: the lung seems to require rest and time to be again creased up. Should further experience confirm this view of its mode of production, we shall have collateral support given to the doctrine I have long taught (and which, so far as I know, has not been refuted), that the crepitant rhonchus of pneumonia is formed, not in the air-cells or capillary bronchi, but in the pulmonary parenchyma itself. I am not able, as yet, to make any positive assertion concerning the frequency with which the rhonchus under consideration attends enlargement of the liver; but, on the other hand, I am in a position to affirm, that in no single case of notable increase of bulk of that organ which has fallen under my observation, since my first discovery of the rhonchus, have I failed to substantiate its existence. The sound may, it is true, escape detection on one or more occasions, but has never been absent for a series of days. On the other hand, I have not met with it in other conditions of disease; though doubtless, if my theory concerning its formation be well founded, it will probably be ascertained to accompany a variety of conditions, causing slight compression of the lung."

POISONOUS EXHALATIONS FROM AN APPARENTLY HEALTHY MAN.

We quote the following from p. 77-78 of the second volume of the *Transactions of the American Medical Association.*

"Some curious cases are related by Dr. C. E. Lavender *(New Orleans Med. and Surg. J.*, July 1848), which, in his judgment, go to show that the exhalations from one human body in a state of health may be poisonous to another. P. K. was married successively to two healthy young women. His first wife soon became pregnant, began to decline, grew pale and hydropic, and finally miscarried. She conceived a second time, and was a second time delivered of a still-born child, by a premature birth, the labour being marked by the singular circumstance, that no red blood followed the cutting of the chord, or the removal of the placenta. Her feebleness increased: pulse 110, compressible, and undulating: sighing, roaring, and uneasy feeling in the head: *light, and all white objects appeared to her yellow*, and the next day, *red*. She finally died without any well-marked affection. His second wife, in like manner began to decline soon after becoming pregnant, and died in about ten minutes, after suffering with a train of symptoms similar to those of the first. The optic illusions were strikingly similar. She could see but one half of an object, and that appeared to her *green*, or *green with red spots:* and

finally all light and white objects appeared *red*. In both cases, without any apparent fixed disease, the emaciation went steadily on, and the symptoms, even to the singular affection of the retina, were nearly identical. The husband is a man whose cutaneous exhalations, especially under excitement, are so offensive, that all the civet of the apothecary would not sweeten him. Dr. L. refers to a third case, analogous in its symptoms, terminations, and all the attending circumstances. He concludes that some morbific matter, secreted by the systems of their husbands, was the cause of the obscure malady in these females."

SURGERY.

PETREQUIN ON BLACK CATARACT.

The occasional existence of Black Cataract (*cataracte noire*) has not been referred to by several distinguished writers on Ophthalmology, many of them having never seen it. Others, as Freytag, Gendron, Montain, etc., refer to it without having witnessed it. Janin of Lyons relates three cases, occurring in his own practice. In a woman, seventy years of age, he removed a large black crystalline lens, of hard consistence, enclosed in its capsule ; and which, when viewed through a light, appeared of a brown red colour. In another case, in the year 1767, he extracted from each eye a crystalline lens possessing similar characters. (*Mém. sur l'Œil*, 1772, pp. 259 and 261.) Wenzel and Pellier, Marc-Antoine Petit, Coze, Cloquet, Riberi, and others, have also met with cases.

The existence of Black Cataract being established, other questions arise for investigation. Dupuytren correctly remarks : " The greatest difficulty, in cases where the existence of Black Cataract may be presumed, is presented by the diagnosis. If the lens be totally black, it is difficult to determine whether there be cataract or not." (*Lec. Clin. Chirurg*, t. i, p. 49.) The extreme rarity of the disease prevents us from completely observing its progress ; and this is easily understood, when we reflect that Demours, Scarpa, Delpech, and Dupuytren, never met with it in their extended practice, and that not one case is recorded in the *Annales d'Oculistique*. For the complete demonstration of the disease, we require careful observations of such a nature as to furnish a rigorously exact diagnosis. We require such an examination of the affection, in harmony with the modern progress of ophthalmoscopy, as will satisfy the requirements of science, and leave no important desiderata. In proportion to the rarity of our opportunities of verifying theory by practice, they ought to be eagerly seized ; and this is what I have borne in mind in observing the three cases which have come under my notice within the last twelve years, in the Hôtel Dieu at Lyons. The research is not an idle one ; for it is capable of important application. An error in diagnosis may lead to most mischievous results : for instance, if an amaurosis be mistaken for Black Cataract, as happened to Dupuytren, a useless and even dangerous operation may be performed, which may destroy all chance of restoring the function of the eye. If, on the contrary, a Black Cataract be mistaken for amaurosis, not only is time lost in superfluous treatment, but the patient is subjected to unnecessary suffering from blisters, purgatives, the cautery, and setons, while a simple operation might cure him. These considerations must give additional importance to the cases, which will be now related.

Case I. Black Capsulo-Lenticular Cataract : Diagnosis : Extraction : Examination of the Lens. M. B. of Chapelle (Saône-et-Loire,) was admitted into the Hôtel-Dieu at Lyons, under my care, on the 24th September, 1847. His sight had been weak for several years, without any known cause. He never had headache ; but sometimes had a sensation as of gravel in his eyes. The left eye began to be affected twelve or thirteen years before, and for the last six years the blindness had been stationary. The patient was not only

unable to see her way, but could very imperfectly distinguish the presence of light. She had a black capsulo-lenticular cataract: the interior of the eye did not exhibit the brilliant reflexion, which is usually observed in viewing it through the pupil; the pupillary aperture, instead of presenting a brilliant velvety dark appearance, was of a dirty obscure black, not reflecting light. The patient's intellect was much impaired, so that we could not ascertain whether she saw better in the morning or evening than in the middle of the day, nor what colours objects presented at these times. The appearance and motions of the eye denoted cataract: the pupil was regular and mobile, which is not the case in amaurosis. The cataract was not of an inky blackness; but, when viewed through a lens, it appeared as a dark opaque body covered with soot, or rather as if it had been macerated in a solution of soot. In addition, a pretty large opaque triangular segment of the capsule, with its apex towards the centre of the pupil, was observed to be covered with blackish striæ, distinctly raised, when viewed in profile, from the rest of the cataract. When examined from the side, these striæ were found to be too near the cornea, to allow of the supposition of their being situated in the vitreous body, or, *à fortiori*, in the retina. On viewing it in profile, a convexity was observed; but the shadow of the iris was not thrown on it, as is asserted by some observers. On holding a candle before the eye, only the first of the three images was produced. On the 30th September, I performed extraction, by making an oblique incision to the exterior of the cornea, and through five-sixths of the semi-circumference of that membrane. The cataract being very large, I extended the opening with small scissors: I adopted the proceeding of Wenzel, by making an incision in the lens before finishing the section of the cornea. The lens did not escape spontaneously, nor when careful pressure was made on the eyeball: but I easily extracted it with a Dupuytren's needle. There was no prolapse of the iris, nor escape of the vitreous humour; and the operation was perfectly successful.

The cataract was black, of a dull hue, voluminous, hard, and enveloped in an equally opaque and blackish capsule, as if the whole crystalline system had been immersed in a dilute solution of Indian-ink. I preserved the specimen in alcohol: and, at the present time, after it has remained two years in the liquid, the blackness has given place to a reddish-brown: the cataract is shrivelled, and has become less voluminous and less opaque than at the beginning.

Case II. Black Cataract of Lens: Diagnosis. A woman, named B., had Black Cataract of the right eye; but the capsule did not appear affected. The disease was not of such long-standing as in the former case, and the brown tint was more uniform. The usual lively dark colour could not be distinguished at the bottom of the eye. The pupil was regular and mobile, the look natural, and not dull as in amaurosis. A convexity could be recognized, which, when viewed in profile, assumed a less deep and more grey colour, without presenting any opaque point on the lens, either to the naked eye or to a lens. The black opacity was more homogeneous than in the left eye, and the loss of sight was more advanced: the patient could distinguish the day and the shades of light. A candle held before the eye gave two images. An operation was performed, at the earnest request of the patient: but she produced staphyloma by constantly applying her fingers to her eyes. This was somewhat relieved by remedies. From her irritating the eye, however, inflammation resulted, which produced deformity of the iris and opacity of a portion of the cornea. She sank into a state of senile idiocy, and left the hospital, on the 25th October, with little or no benefit.

Case III. Double Cataract—Black in the Left Eye, Grey in the Right. J. T., aged 60, native of Ailloz, in Savoy, was admitted, under my care, into the Hôtel-Dieu, at Lyons, for double Cataract. In the right eye, the cataract was lenticular, greyish, with an amber-coloured softish and large nucleus. It had existed for six months, and the sight was more affected than

on the left side, where the eye had been diseased for eight years. In the left eye, the cataract was black, but not so perfectly but that some difference of shade could be discovered on viewing it attentively through a lens. The centre was of a deeper shade than the circumference: the pupil was moveable and regular, and the appearance of the eye, in other respects, was natural. The opacity was not very deep, and appeared, when viewed in profile, to be situated at the level of the pupil. On careful examination from the side, some convexity could be observed; but the shadow of the iris was not thrown on it. The cataract was of a dull black tint, like chimney-soot: it was mostly homogeneous, but a few isolated points towards the centre appeared more opaque, which made me suppose that the lens was affected in that situation. On viewing it in profile, it assumed a more reddish, and even greyish shade. The experiment with a lighted candle gave two images, of which the second was very confused, and disappeared in several places: my diagnosis was thus confirmed. A great number of medical men agreed with me, that there could be no doubt of the existence of Black Cataract. It was remarkable, that vision was less affected in this eye than in the right; for with this one, the patient could see to guide himself, and could distinguish the shapes and colours of objects. He even asserted, that vision had been improving in this eye for four or five months, and that it was less affected than in the early period of the disease. He also saw better on some days, and at certain times of the day; but could give no precise information on that subject. The cataract appeared hard, but less voluminous than that described in Case I.

Remarks. After describing the catoptric test, first proposed by Purkinje, in 1823, and revised by Sanson, in 1837, and shewing its importance in the diagnosis of Cataract from Amaurosis, M. Pétrequin makes the following observations:

The experiment was performed on our patient (Case III) several times, in the presence of several physicians and pupils; and a comparative examination was made of several diseases of the eye. I have referred to a remarkable fact, and one which gives rise to an interesting question. The patient imagined that his vision had improved in the eye which was affected with Black Cataract. To explain this, it may be supposed that when the right eye was scarcely affected, its comparatively sound state caused the vision in the left eye to appear more impaired; and that latterly, when the left eye became in its turn the seat of a confirmed grey cataract, the right appeared, though there was no actual difference, to have improved in power of vision, there being not an *absolute* improvement, but merely a *relative* one, such as is often the result of erroneous comparisons.

I have also been enabled to distinguish the degree of opacity, as well as the colour, of a cataract. Blackness is not sufficient to entirely prevent the perception of light. Thus, I observed that vision was not entirely destroyed in two of my patients; the woman operated on by Janin in 1767 perceived objects, and distinguished the flame of a candle as an object of a deep red colour; while the patient of M. Coze, operated on in 1818, could see to walk about the roads with which she was acquainted, especially in the morning and evening. In fact, a Black Cataract acts simply as a blackened lens; being almost analogous to the smoked pieces of glass used for viewing the sun. These do not altogether intercept the luminous rays, but only absorb those which are too intense. The use of coloured glasses is constantly ordered to patients, in order to attenuate the intensity of the light. Their use is too general to render it necessary for me to insist further on the analogy.

The black colour of the cataract is not sufficient to explain the partial blindness which accompanies it. We must take into account the opacity of the lens: this seems to be less than in some cases of cataract; and attentive observation has proved to me, that some lenticular cataracts, as they advance,

become harder, and are rendered sensibly less opaque by the thickening of their constituent parts. This phenomenon cannot have escaped notice ; and it is possible, that it was one of the causes which contributed, in Case III, to the amelioration of sight. It can also be understood, that the lens, in becoming hard, will become smaller ; and that the diminution in volume will permit more light to pass to the interior of the eye, either through the lens or its circumference. This phenomenon was apparent in Case III. By the aid of a lens, it was easy to recognize, while the pupil was dilated, that the black crystalline lens did not entirely fill the field of vision ; but that there was a crescent-shaped free space at the lower part, through which, notwithstanding its narrowness, a sufficient number of rays of light penetrated to become, by habit, adequate for vision. This may be proved by a very simple experiment. If a black bandage be placed over the eye, and a small fissure be left in it, a small quantity of light will be admitted, which will at length become sufficient for vision.

The cause of the colour of Black Cataracts is thus explained in a note by M. Pétrequin :

Many hypotheses have been framed to account for the colour. Rosenmüller thinks it due to melanosis : but M. Carron des Villards, who has examined a great number of horses labouring under this affection, has never found the crystalline lens black. M. Sichel refers this deep colouring of the crystalline to the different degrees of aggregation of its particles, and to the consistence of the cataract. But then, the lens ought to become blacker as it becomes harder : this is not the case, for the contrary often occurs. M. Langenbeck, junior, attributes it to the presence of manganese, which has been found in lenticular cataracts. For my own part, I am disposed to agree with M. Carron des Villards, that the colour is due to the predominance of black pigment, which penetrates into the lens by imbibition or endosmose, as is observed in the yellow tinge of icteric patients, and in the redness, from sanguineous exhalation or stasis, of asphyxiated children. It is very important to distinguish true Black Cataract from those brownish, striated, partial tints, which are called *choroidal or pigmentary cataracts.* This has been pointed out by M. Cartoni of Pisa, in the notes added to his Italian edition of Richter's *Surgery.* [*Révue Médicale,* 28th February, 1850.]

MEDICAL *versus* SURGICAL TREATMENT OF CATARACT.

Dr. Wilhelm Rau, Professor in the School of Medicine, at Berne, believes that ophthalmologists have been in error in rejecting the idea of healing Cataracts, even lenticular, in any other way than by operation. His conclusions are founded on the observation of ten cases, of which a few are here analysed.

Case I. A woman, aged 56, who had for some time been subject to rheumatic pains, was attacked with inflammation of the capsule of the lens, which produced opacity and extreme feebleness of vision, but not, fortunately, adherence of the pupil. As internal remedies, corrosive sublimate and wine of colchicum were prescribed ; and for external use, mercurial frictions to the eyelids. At the end of three weeks from the commencement of this treatment, the patient already saw better. At the end of a month, the opacity was perceptibly diminishing ; and in three months, there were only some dotted patches, almost imperceptible, remaining on the capsule. The patient then read large print without difficulty, and her general health was much improved. Polygala was then prescribed instead of corrosive sublimate, and the mercurial frictions were continued. After five months, the dotted patches remained, but the rest of the pupil was perfectly transparent, and the sight did not seem in any sensible degree affected. The patient remained in this state.

Case II. A man, aged 60, was affected with weakness of vision, which pre-

vented him from reading: and it was soon perceived that he had incipient double cataract. He had had rheumatic pains some time previously, and they still continued, though in a less degree. He was ordered to take pills of polygala with sulphuret of antimony and extract of arnica. At the end of two months, the cure was so complete, that there was no trace of opacity, and the eyes had regained their full power.

Case III. A man, aged 34, subject to hæmorrhoids, and to frequent transient attacks of congestive iritis, was seized, in January 1847, with chronic iritis, and with an excessive hæmorrhoidal flux. Leeches were applied to the anus; sulphur and neutral salts were administered. In a short time, iodide of potassium was prescribed internally, in doses of from 15 to 30 centigrammes (2⅓ to 4½ grains) repeated morning and evening; and frictions with antimonial ointment were made on the nape of the neck, and behind the ear of the affected side. The inflammation of the eye was dissipated, and the pupil regained its mobility; but the opacity, nevertheless, persisted, and the patient had great difficulty in reading large print. He was moreover troubled with intense photophobia. The capsule of the lens was covered with a multitude of small opaque isolated spots; the intervening spaces were transparent. Dr. Rau prescribed corrosive sublimate, combined with mercurial inunctions. The opacity was suddenly arrested in its progress, and had nearly disappeared at the end of a month. The occurrence of an attack of gastralgia then caused the mercury to be discontinued, and for it were substituted bitter tonics, and a course of the waters of Homburg. Six weeks of this treatment entirely removed the opacity; and in eight months after, the sight was perfectly regained.

Case IV. A blacksmith, aged 50, of athletic build, somewhat addicted to liquor, consulted Dr. Rau for a dimness of vision, which had been gradually coming on for six months, without any assignable cause. He had incipient cataract of the lens in both eyes. Pills of polygala and sulphuret of antimony were prescribed, as well as mercurial frictions to the eyelids: and he was prohibited from working before the fire, and from indulging in the abuse of spirits. No manifest change having been produced at the end of two months, Dr. Rau prescribed iodide of potassium in gradually increasing doses. In a few weeks, the improvement was so great, that there only remained a slight cloudiness, and the patient could see to read large print. The iodide of potassium was continued, in decreasing doses; and, in three months, the cure was complete.

Case V. A man, aged 57, of an apoplectic constitution, and who had been affected for three years with suppression of the perspiration in the feet, had had, for three years, a gradual weakening of sight, so as not to be able to distinguish a person at the distance of three paces. The pupil was opaque in the centre, and transparent at the circumference: the patient was constipated. Dr. Rau prescribed pills of rhubarb with extract of aloes: the legs were sprinkled with a mixture of quick-lime and sal-ammoniac, with the view of reproducing the perspiration in the feet, but without success. At a later period, pills of sulphur and rhubarb, with cream of tartar, were prescribed. In two months, only very slight amendment had been produced, and the opacity of the lens remained in the same state. Iodide of potassium was then given, which produced a rapid amelioration, and, in six months, all opacity had disappeared. The patient has since assured the author, that he can see better at the distance of a hundred paces than formerly at three.

Remarks. It is to be remarked, that the Cataracts were *incipient* in the cases related. If we may hope,—and in this we are encouraged by the facts brought forward,—to arrest the progress of a certain number of cataracts in the early stage, it would be preferable to treat them actively at that period, instead of waiting patiently till they are ripe for an operation.

Of the remedies mentioned, the object of some was to combat the rheu-

matic diathesis, to which the Germans attach much importance in diseases of the eye. The remedies referred to are, corrosive sublimate, arnica, polygala, colchicum, sulphuret of antimony, and iodide of potassium. Hufeland regards corrosive sublimate as one of the most powerful anti-rheumatic remedies, especially when combined with guiacum, but he prescribes it in infinitely less doses than in syphilis. He used to divide ten centigrammes among sixty pills, of which the patient had to take from three to five daily. Arnica has long been employed in chronic rheumatism, and in all diseases arising from it. The dose is four grammes (about one drachm) infused for an hour in a quart of boiling water. Polygala has been also employed in rheumatic affections, and in intense ophthalmia. The ptisan is prepared by infusing 8 grammes (2 drachms) of the root, for two hours, in a quart of boiling water. The sulphuret of antimony is prescribed by Rau in pills, with polygala and extract of arnica. Colchicum and iodide of potassium are well known: the latter is prescribed by Dr. Rau in small doses, in the form of pill, with marshmallow and guiacum. [*Journal des Connaissances Médico-Chirurgicales*, 15*th* April, 1850; from *Journal der Chirurgie und Augenheilkunde.*]

LANGENBECK'S OPERATION FOR PHARYNGEAL POLYPI.

The case of fibroid tumour of the Pharynx, which I shall presently relate, and in which the patient had been rendered pulseless by hæmorrhage, led me to apply the Ligature to the treatment of Polypi, in imitation of the subcutaneous plan of Ricord for the treatment of varicose veins. This method can be applied without any difficulty to polypi with long pedicles, and the ligature can be tightened from hour to hour, and can be easily loosened at any time. In applying the ligature to Pharyngeal Polypi, I proceed in the following manner.

An elastic catheter with a fenestrated extremity, and two threads of strong waxed silk, are required. The patient sits in the usual position for all operations on the throat. The body of the polypus fills, as we suppose, the space behind the velum palati, and extends more or less downwards, while its pedicle is attached within reach of the posterior nares, or to the posterior wall of the pharynx. The catheter, having been previously oiled, is introduced through one nostril, (the choice of which is determined by the inclination of the tumour to the right or left), into the pharynx ; it is then guided with the fingers of the left hand so far forwards in the mouth, that the ligature can be passed without difficulty through the holes in its fenestrated end. The ligatures are previously arranged, each in a simple sling with ends of equal length. The free ends of the first thread are passed through the holes of the catheter while in the mouth, and then drawn back through the nose, while, with the fingers of the left hand, the portion closed in the form of a sling is pushed high up behind the polypus, yet so that the end of the noose still remains visible in the mouth. The catheter is again introduced through the nostrils, and the sling-like end of the second ligature is drawn outwards towards the nose, while the fingers of the left hand push the free ends of this second ligature high up in front of the tumour. The operator now passes in the mouth the free ends of the second ligature through the noosed end of the first, and an assistant does the same to the ends which are hanging from the nostril. While the operator and his assistant now each gently draw the free ends of the ligature, the former, with the fingers of his left hand, keeps up the ligatures in the pharynx, before and behind the polypus, so that they cannot slip down. The polypus is now seized in the ligature, and this may now be drawn tight. For this purpose, the operator takes hold of the ends hanging from the mouth with his left hand, and those hanging from the nostril with his right, and draws the latter so tight, that the nooses reach to the point of insertion of the pedicle. The same is done to the ends of the ligature in the

mouth, by means of the index finger of the left hand. The nooses, when once drawn tight, cannot again become loose ; the ligature is felt with the finger, behind the velum, surrounding the pedicle of the tumour, which can immediately be divided beneath the ligature. To perform this latter operation with security, the operator gives the ends of the ligature to an assistant, to hold them tightly drawn, while he seizes the polypus from the mouth by means of Muzeux's forceps, and cuts through the pedicle close below the ligature, with a pair of strong slightly curved polypus scissors. Should there be difficulty in reaching the pedicle with the latter, the excision may be performed by means of a straight knife, introduced either through the mouth or nostril. When the polypus has been removed from the mouth, the ends of the ligature are secured with strips of plaister. After two or three days, the ligature may be removed without danger. To effect this, the threads which form the ends of the ligature are separated, and one of each is divided as high as possible. The remaining single thread is easily drawn out, and the whole ligature is instantly untied : one thread being drawn through the mouth, the other through the nose. No further explanation seems necessary to shew, that this form of ligature can be applied in the same way to uterine polypi, after they have been seized by means of Muzeux's forceps.

Case. J. F. K., aged 23, of large and powerful conformation, appears to have suffered in his fifteenth year from dropsy after scarlatina. After this, he was ruddy and strong. In the Autumn of 1845, he first perceived an impediment to the passage of air through the nose, and soon was altogether unable to draw air through the right nostril. The affection had rapidly increased in severity, up to the time of his admission into the Frederick Hospital at Kiel, on 13th January, 1846. The following was then his condition. He breathed with his mouth open, the respiration through the nose being entirely impeded. Respiration was loudly stertorous ; the face was blue and swollen, and the veins of the conjunctiva much distended. The difficulty of breathing increased during sleep, and the patient often awoke with a sensation of suffocation. Deglutition, especially of solid food, was greatly impeded, and a portion of what was swallowed was returned through the left nostril. When the mouth was opened, the velum palati was observed to be much pressed forward, and its lower border was in a line with the fourth molar tooth ; it was also highly hypertrophied, and the uvula was elongated and thickened. On pressing down the tongue, the tumour, of the size of a goose's egg, was seen behind the velum. It was roundish and pyriform, with a reddened surface, with radiated excoriations, firm and elastic to the touch, and tender on pressure. The broad base reached as far downwards as the epiglottis ; the pedicle, which was as thick as a finger, was attached in the vicinity of the posterior nasal spine. The nostrils were free ; and the finger, when introduced through them, reached the tumour, which could be felt behind the velum palati. On the night between the 20th and 21st January, a very violent hæmorrhage took place from the tumour, and was only suppressed with much trouble by means of injections of cold water, pressure on the tumour, and simultaneous compression of the carotids. The patient fell into a state of syncope, which lasted for some time. In the morning he was very weak, and his pulse scarcely perceptible.

January 21. The fibroid tumour was ligatured in the manner described above ; the threads were introduced through the left nostril. After I had drawn the running knots very tight, the swelling assumed immediately a dark blue colour. I then introduced a strong pair of polypus scissors, curved on the surface, upwards behind the velum, and divided the pedicle of the polypus immediately beneath the ligature. No hæmorrhage took place ; and the patient in no way suffered inconvenience from the operation. A microscopic examination, made on the same day, gave the following results. The surface of the polypus was covered with a thick layer of pavement epithelium, in the large pale cells of which, pale excentric nuclei were disclosed by acetic

acid. On section, the tumour appeared of a yellowish-white, very elastic fibrous structure. Numerous blood-vessels, of the thickness of crow-quills, pervaded the tumour in such close ramification, that the cut surface, on being examined with a lens of low power, appeared porous, not unlike the corpus cavernosum. The entire fibrous parenchyma exhibited besides only the elements of areolar tissue in very various degrees of development, and numerous cell-nuclei, which were not affected by acetic acid.

January 27. The ligature was drawn tighter. The patient had had great ease since the operation, and had slept well. A purgative of sulphate of magnesia with oxymel was prescribed for some symptoms of angina.

January 28. Since the previous day, the patient had two slight attacks of rigor, followed by sweating: pulse 100, small. The face was pale and anxious, and the tongue coated with a yellowish fur. The patient complained of a foul taste and smell, arising from the sloughing of the remaining portion of the pedicle. This was withdrawn, with the ligature, by means of slightly curved polypus forceps. He was given *liquor chlori* for drink. The febrile symptoms disappeared in a few days, and the patient left the hospital, perfectly cured, on the 10th of February. Up to the winter of 1848, there had been no return of the polypus. (*Deutsche Klinik*, 6th April, 1850.)

ANEURISM OF THE ANTERIOR PALATINE ARTERY.

Two cases of this unusual affection have been lately recorded: one in the *Lancet* for July 6th, by Dr. A. C. Castle, of New York; and the other in the same Journal for 13th July, by Dr. W. B. Herapath, of Bristol. Both cases were at first mistaken for abscesses or tumours, and were only discovered to be of an aneurismal nature by the gush of arterial blood, which followed, in one case, the introduction of the lancet, and in the other, the removal of the tumour by means of scissors.

In Dr. Castle's case, the patient was a gentleman for whom a partial set of artificial teeth had been made, to complete the superior maxillary row. The swelling appeared on the palate, at the edge of the gold plate: and gradually increased to the size of a large pea, not being pulsatory, and presenting the character of a varicose tumour from impeded circulation. Dr. Castle snipped off the sac with a pair of scissors, when a gush of blood followed, which at once showed the tumour to have been an aneurismal sac. Pressure failed to arrest the hæmorrhage; but, on reflecting that the anterior palatine artery occasionally passes through a hole in the *centre* of the palatine suture, instead of immediately behind the alveolar plate, Dr. Castle was enabled, by plugging the foramen in the former situation, to effectually arrest the hæmorrhage.

In Dr. Herapath's case, there does not appear to have been an irregularity in the course of the artery. The tumour, which was in the roof of the mouth, was soft, puffy, red, hot, and apparently an abscess under the palatine membrane. The first molar tooth, being loose and somewhat decayed, was extracted, and the supposed abscess punctured. Very little pus appeared: and the principal effect of this operation seemed to be the production of excessive hæmorrhage from the alveolus, and not from the abscess. In two or three days after, Dr. Herapath, being summoned to the patient, who was suffering intense pain, plunged a lancet deeply into the tumour, supposing it to be an abscess which had not fully formed. Arterial blood immediately issued out *per saltum*. The hæmorrhage could be controlled by pressure; and was effectually arrested by means of a large wine-cork cut as an arch on the superior surface, shielded with lint, and fastened to a narrow bandage, which was secured by being carried over the head. At the time of making the report, ten months after the occurrence, all traces of the aneurism had disappeared.

MISCELLANEOUS INTELLIGENCE.

Medical Reform. During the present session of Parliament, some measures have been passed of considerable local importance. *The College of Surgeons of Edinburgh* have obtained an Act, by which Fellows on their entrance are not obliged to subscribe to the Widows' Fund; and by which, also, the College is separated from the Trade Corporations. *The Faculty of Physicians and Surgeons of Glasgow* have considerably strengthened their position. The bill "for better regulating the privileges of the Faculty of Physicians and Surgeons of Glasgow, and amending their Charter of Incorporation," has received the Royal assent, and is now the law of the land. The ancient charter of the Faculty, granted by King James VI, in 1599, has been again ratified, and the licensing powers of that body have not only been fully recognized, but the status and privileges of its licentiates better defined. They are in future to be precisely the same as those enjoyed by the licentiates of any other College in Scotland which is now, or may hereafter, be entitled to grant diplomas in surgery. The right of practice within the three counties, which formed the ancient bounds of the Faculty, is granted to all practitioners legally licensed. The Members are now to be designated Fellows of the Faculty of Physicians and Surgeons of Glasgow. As it is no longer to be compulsory to subscribe to the Widows' Fund, and as the standing of the Faculty has by this new Act been greatly exalted, it is thought that most of the physicians and surgeons of Glasgow and the neighbourhood will soon be enrolled among its Fellows.

The Society of Apothecaries have recently taken the profession somewhat by surprise, by their liberal proposals. We quote the following from an official letter addressed by Mr. J. B. Eyles, Master of the Society, to the Home Secretary, the Right Hon. Sir George Grey.

"The Act (of 1815) requires that the members of the Court of Examiners should be elected from members of the Society of not less than ten years' standing. The Society propose, that in future all licentiates of the Society of ten years' standing (whether members of the Society or not) shall be eligible for seats in the Court of Examiners, and that not less than one half of the members of the Court shall be licentiates who are *not* members of the Society.

"The Society propose that power should be given to the Court of Examiners, to divide the examination for their certificate into one or more examinations at proper intervals, with a view to relieve the student from the inconvenience of being subjected to an examination in all the branches of study on which he has been engaged, on one and the same occasion."

"At present, the fee paid for a certificate of qualification for practice in London is ten guineas, and for practice in the country six guineas. The Society propose that the fee should be equalized for the whole kingdom.

"The Court of Examiners are at present required to hold their meetings at Apothecaries' Hall. The Society suggest that this restriction should be removed, and that the Court should be authorized to sit in any building which may be provided for them, not being beyond a limited distance from the General Post Office.

"No person is admissible for examination, under the present Act, who has not served an apprenticeship of five years to an apothecary. The Society propose that the service of an apprenticeship shall be no longer compulsory on the student.

"The Society propose that there should be a registration of all persons admitted to practise as apothecaries, after examination by the Court of Examiners.

"That all persons holding a degree in medicine, granted by any British university, and all members of Scotch or Irish colleges which are authorized by law to grant a license or certificate of qualification to practise in *medicine* after examination, such license or certificate conferring the right to practise medicine in those countries, should be admitted to registration without further examination, on payment of a small registration fee.

"That all surgeons and assistant-surgeons in the army, navy, and East India Company's service, should be admitted to registration after not less than five years' actual service.

"The Court of Assistants of the Society of Apothecaries, in whom the control of the Society is vested, is a self-elected body. The Society would not be indisposed to adopt any change in the mode of election of that body which might, upon due consideration, be thought advisable, but the subject has been found one of considerable difficulty. An election by the members of the Society at large appears fraught with numerous objections, and the creation of a limited class, for the purposes of the franchise, has been found, in practice, to be productive of great dissatisfaction. The Society, in truth, are not prepared, at the present moment, to suggest any specific change in the mode of election of their governing body; but they would be willing to give the most favourable consideration to any alteration, in this respect, which you might recommend for adoption."

The London Journal of Medicine has, we rejoice to learn, already done good service in the cause of real Medical Reform; and has impressed some of those in high places, with the duty and necessity of improving the social and scientific status of general practitioners. The articles which appeared in our May, June, and July numbers, have been very largely circulated.

Self-Supporting Dispensaries. In our next, we may have some information to communicate on this subject. This evening, at 8 p.m. (29th July), a public meeting is to be held, at the Hanover-square Rooms, of a society formed by Mr. T. D. Hawker, of 33, Edward-street, Portman-square, with the object of promoting the establishment of Self-Supporting Dispensaries throughout the United Kingdom and Ireland. The Earl Spencer, who has given £50 to the Society, is announced, in the circulars, as the President, and the Lord Portman as the Vice-President. The chair is to be taken by Mr. Benj. B. Cabbell, M.P.; and from the advertisements we likewise learn, that Mr. H. L. Smith, of Southam, the philanthropic Founder of Self-supporting Dispensaries, is also to be present. Self-supporting Dispensaries, if honestly and judiciously promoted, may be productive of immense benefit; but they are, from their very nature, particularly liable to abuses: and therefore it is evidently the first duty of a society formed for their general establishment, to give some distinct guarantee that it is not, in any case, to plant its institutions in opposition to the wishes or pecuniary interests of the majority of the medical practitioners of a neighbourhood. And it ought also to be distinctly understood, that all legally qualified practitioners should, after a certain period of residence in any neighbourhood,—say two years,—be allowed, *ipso facto*, to connect themselves with these dispensaries. Without the careful supervision of an influential central society, with good and stringent ethical rules, there would be great risk of pecuniary injury being done to general practitioners labouring among the humbler classes of society, who, with this new opposition, added to that of the druggist, might in some districts be at once ruined. In our anxiety to benefit one class, let us not bring misery upon another. Confiding in the sound judgment of Mr. Smith, we sincerely trust that his truly noble views may be realized. Everything, however, must depend upon the wisdom of the measures adopted by the Society.

The Epidemiological Society is now formed, with Dr. Babington as its President. We wish it every possible success.

APPOINTMENTS.

ARNOTT, Jas. M., Esq., elected President of the Royal College of Surgeons of England.
COULSON, W., Esq., elected one of the Consulting Surgeons to the German Hospital.
DAVEY, J. D., M.D., appointed one of the Resident Physicians to the New Asylum at Colney Hatch.
ERICHSEN, John, Esq., appointed Professor of Surgery in University College, and Surgeon to the Hospital, in room of J. M. ARNOTT, Esq., resigned.
HANCOCK, Henry, Esq., Surgeon to the Charing-Cross Hospital, elected Surgeon to the Royal Westminster Ophthalmic Hospital.
HAWKINS, Cæsar, Esq., elected one of the Vice-Presidents of the Royal College of Surgeons of England.
HITCHMAN, J., M.D., elected Superintendent-Physician to the Derby County Asylum.
KIERNAN, Francis, Esq., elected a Member of the Council of the Royal College of Surgeons of England.
LAWRIE, James Adair, M.D., presented by the Queen to the Chair of Surgery in the University of Glasgow, vacant by the death of Dr. BURNS.
MACDONALD, Wm., M.D., F.R.S.E., presented by the Marquis of Ailsa to the Chair of Natural History (formerly Civil History) in the University of St. Andrews, vacant by the death of the Rev. Dr. FERRIE.
MACKMURDO, G. W., Esq., elected a Member of the Council of the Royal College of Surgeons of England.
NICHOLS, W. P., Esq., elected Surgeon to the Norwich Hospital, in room of the late J. G. CROSSE, M.D.
PILCHER, G., Esq., elected a Member of the Council of the Royal College of Surgeons of England.
SOUTH, J. F., Esq., elected one of the Vice-Presidents of the Royal College of Surgeons of England.

OBITUARY.

BROMET, Dr., late Surgeon of H.M. 1st Regt. of Life Guards, at Bologna, on 7th July.
CASTILLO, Dr., Chief Physician to H.M. the Queen of Spain, at Madrid, June 30th.
CARRINGTON, Benjamin, M.D., Resident Medical Officer to the Holloway and North Islington Dispensary, at Holloway, on 28th June.
GREENWOOD, Jonathan, Esq., Surgeon, at Kirkdale, Liverpool, on 11th July.
MAXTON, James, M.D., of Kincardine, at Crieff, N.B., on 21st July.
PHILLIPSON, F. B., Esq., Assistant-Surgeon to the Forces, at Accra, Western Coast of Africa, aged 31, on 12th April.
POWELL, D., M.D., at New York, aged 27, on 17th June.
SHELTON, John, Esq., at Wraysbury, near Staines, aged 39, on 28th June.
STANDART, H. C., Esq., of Taunton, at Teignmouth, aged 68, on 15th June.
VINCENT, S. B., Esq., Surgeon, at Rickinghall, aged 58, lately.
WILKS, Thomas P., Esq., at Charing, Kent, aged 79, on 4th July.
WYATT, Peter, Esq., of Islington, at Exeter, aged 62, on 1st July.

TO CORRESPONDENTS.

CLASSIFIED CATALOGUE. Our thanks are due to many Correspondents for communications with reference to this elaborate work. It is necessary to remind our readers, that the Classified Catalogue of this volume occupies a much larger amount of space than will ever be required for subsequent Catalogues, in consequence of the present embracing eighteen in place of six months.

BIBLIOGRAPHICAL RECORD. The following and other works will be reviewed in the September number:—REICHENBACH *on Animal Magnetism;* THOMSON (A. T.) *on Skin Diseases,* and TILT *on the Ovaries.* It is our wish to notice books sent for review as early as possible; but the original articles sometimes occupy more space than was calculated on; and thus, our plans are temporarily deranged.

ORIGINAL COMMUNICATIONS. The following will appear in early numbers of the LONDON JOURNAL OF MEDICINE.

1. CORMACK, JOHN ROSE, M.D., F.R.S.E. On the Entrance of Air into the Uterine Veins, as a Cause of Danger and Death after Parturition.
2. GARROD, ALFRED BARING, M.D. Pathology, Diagnosis, and Treatment of Gout.
3. HANCOCK, HENRY, ESQ. On the Perineal Operation for Stricture of the Urethra.
4. KNOX, ALEXANDER, M.D. Examination of the Present State of our Knowledge regarding Vaccination and Re-vaccination.
5. PEACOCK, THOMAS BEVILL, M.D. On Empyema.

6. Quain, Richard, M.D. Description of the Stethometer, a New Instrument for Measuring the Chest. [*Illustrations on Wood.*]
7. Seaton, Edward Cator, M.D. Case of Softening of the Cervical Portion of the Spinal Cord: with Remarks.
8. Semple, Robert Hunter, M.D. Softening of the Brain and Spinal Cord.
9. Sibson, Francis, M.D., F.R.S. On Pericarditis. [*Illustrations on Wood.*]
10. Wilde, W. R., Esq. On Congenital Cataract, and other Congenital Diseases and Malformations of the Eye. [*Illustrations on Wood.*]
11. Williams, C. J. B., M.D., F.R.S. On the Physical Examination of the Abdomen.

*** The London Medical Gazette forcibly calls attention to an extraordinary practice which now prevails, of gentlemen allowing their names to be advertised as patrons of *rival weekly Journals!* Though we occupy an intermediate position between the weekly and quarterly Journals, and are therefore quite honestly and sincerely supported by their friends, we can fully sympathize with our contemporary; for what would the profession think, if two rival London Monthly Journals were to be promoted by the same parties?

Our contemporary, the *Medical Gazette* (28th June), makes the following commentary upon Mr. Churchill's circular, announcing that the *Medical Times* "has assumed a truthful tone" and "scientific position."—"We have been rather taken by surprise, in finding that the names of many of our old and valued correspondents have recently been displayed in the columns of a contemporary, as gentlemen who intend to give to that Journal their literary support. We have made inquiry of several who have been thus advertised, and have ascertained, that while the NAMES of the writers thus appear in the pages of our contemporary, their lectures and papers will be sent as heretofore to the London Medical Gazette! If the profession are satisfied with this mode of dispensing literary patronage, we have nothing to say to it. It is to be regretted, however, that professional men should allow their names to be advertised as "eminent supporters" of a journal, to which they do not intend to contribute at all, or to send perhaps one paper in a volume, just to carry out the appearance of support. It has a bad effect with the profession; for unless such expectations be realised, it gives the character of puffing even to *bonâ fide* announcements."

London Surgeons Calumniated. Several correspondents call our attention to Mr. Syme's attacks on the integrity of London Surgeons. With regard to the imputations of Mr. Syme, we hope to see them withdrawn. It cannot be the wish of the Edinburgh University Professors and others who, along with Mr. Syme, are Conductors of the *Edinburgh Monthly Journal*, to allow the following unparallelled passage to remain on record, as an expression of the sentiments of all or any of their number. "*I knew that in that city*" (*London*) "*there were some shoulders well fitted to wear the tattered mantle of Sir Everard*" (*Home*), "*and I was not so sanguine as to look for any speedy improvement in the practice of men, whose sole object is to squeeze money out of their patients.*" We will venture to say, that a charge more odious and more unfounded never before emanated from the medical press. It occurs as part of Mr. Syme's editorial commentary upon old "Letters on the use of Caustic for the Treatment of Strictures of the Urethra," which are published in the July number of our northern cotemporary. Wrath and personal crimination may mingle in the present discussion on the treatment of stricture; but the controversialists, who use such weapons, shall find no place for their opinions in our pages.

BOOKS RECEIVED.

Anderson on Eccentric Nervous Affections. London: 1850. Birkett on Diseases of the Breast. London: 1850. Douglas (A. H.), on Diseases of the Heart. Edinburgh: 1850. Gray on Development of Retina, etc. From *Philosophical Transactions*. London: 1850. Harvey on Enlarged Tonsils. London: 1850. Hassing de Colicâ Scortorum. Copenhagen: 1848. Hogg on the Management of Infancy. London: 1850. Hooker's Physician and Patient. Edited by Dr. Bentley. London: 1850. Holland's (G. C.) Cases of Cure of Consumption and Indigestion. London: 1850. Jones (H. Bence) Animal Chemistry. London: 1850. Radcliffe (C. B.) on the Unity of Nature. London: 1850. Thomson (Anthony T., the late) on Diseases of the Skin; edited by Dr. Parkes. 8vo. London: 1850. Tunstall on the Bath Waters. London: 1850. Turnbull (James) on Consumption. London: 1850. Wallace (William C.) on the Adjustment of the Eye to Distances. New York: 1850. Whittle on Cholera. London; 1850.